

Deborah C. Poff

652

WITTE	558271	JM9,1E
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Driver Number

Please make a separate note of it in case you lose your licence and always quote it or correspond with the Centre.

1894-95

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MRS JEAN MARY WITTE
146 NEW ROAD
BOOKER
HIGH WYCOMBE

HP12 4LA

[illegible]

Usual signature
of licence holder
IN UK

2. 4. 1. 1.

Type of licence | **FULL**

FULL

Valid from 23 07 1976 to 26 08 2021 inclusive

23 07 1976

to 26 08 2021

inclusive

Date last
licence expired

The person named is hereby licensed to drive motor vehicles of groups

A, E*****

also subject to reaching the minimum ages for driving specified on each

This licence has the effect of a Provisional Licence (subject to the conditions and restrictions specified in Note b overleaf) to drive motor vehicles of all other groups.

You are required by law to inform DVLC, SWANSEA, SA99 1AT at once if you have any disability which is or may become likely to affect your fitness as a driver, unless you do not expect it to last for more than 3 months.

Fee £ 0.00

A6736044 90310510935

1.3.10

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ENDORSEMENTS see leaflet INS 1 for Endorsement Offence Codes

[illegible]

Please check date of birth (if shown)

If it is **incorrect** please write the correct date here _____ and send the licence to DVLC SWANSEA, SA99 1AB for replacement free of charge. If it is **correct** you may cancel it by cutting along the dotted line.

* * * * *

QUESTIONS TO BE ANSWERED BY THE ADDRESSEE OR NAME

For each question, please complete the following information:

1. Name of the person or organization that returned this form to you.

2. Address of the person or organization that returned this form to you.

3. Date of the return of this form to you.

4. Name of the person or organization that received the form.

5. Address of the person or organization that received the form.

6. Date of the receipt of the form.

7. Name of the person or organization that provided the form.

8. Address of the person or organization that provided the form.

9. Date of the provision of the form.

10. Name of the person or organization that submitted the form.

11. Address of the person or organization that submitted the form.

12. Date of the submission of the form.

13. Name of the person or organization that received the form.

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16. Name of the person or organization that provided the form.

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19. Name of the person or organization that submitted the form.

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