

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Safety Branch

1377 Fell Street, 2nd Floor

San Francisco, CA 94117-2296



Telephone: (415) 557-1170 FAX: (415) 557-7375

SPECIAL INSTRUCTION PERMIT
(Must be carried when operating a motor vehicle.)

DRIVER LICENSE NUMBER

City of Santa Rosa
Santa Rosa, Ca. 95403

This certifies that _____, whose address is _____ Santa Rosa, Ca. 95403
and whose date of birth is 1936, has been issued a **SPECIAL INSTRUCTION PERMIT** valid for
driving Class C vehicles only from November 18, 2009 through May 18, 2010.

AUTHORIZED TO OPERATE A CLASS C:

- Motor vehicle.
 Handicap-adapted vehicle.

WHEN ACCOMPANIED BY AND UNDER THE DIRECT SUPERVISION OF A CALIFORNIA LICENSED:

- Driving instructor.
 Occupational therapist.
 Driver 25 years of age or older.
 Other:

RESTRICTIONS:

- Must wear corrective lenses while driving.
 Other:

If additional information is required regarding the SPECIAL INSTRUCTION PERMIT, please contact the Driver Safety Office shown above.

I have read and understand the above terms and conditions of the SPECIAL INSTRUCTION PERMIT.

X

SIGNATURE OF DRIVER	DATE	SIGNATURE OF AUTHORIZED DMV EMPLOYEE
_____ November 17, 2009	_____ L. Medina	_____ X

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922