



Driving Standards Agency

U 936508 0

Issue No.

Fee

Rem Type

O/D

S/C

T/P

PRACTICAL DRIVING TEST PASS CERTIFICATE

This is to certify that:

Name DANIEL ROBERT PINK

Driver Number P11NK19 810612912 DIR91G15

Has Passed

Category	<input type="text" value="B E"/>	automatic	<input checked="" type="checkbox"/> / no	extended	<input checked="" type="checkbox"/> / no
restriction code	<input type="text"/>				
On	<u>03/06/13</u>	At	<u>GUIMFORD</u>		

Signature of Driving Examiner W Leach

Name of Driving Examiner William Leach

Applicant's Declaration (only to be completed if sending this certificate to the DVLA)

I apply for a full driving licence for the category shown on this form and declare that there has been no change in my health since I last applied for a driving licence.

Applicant's Signature: _____ Date / /



IMPORTANT

PLEASE READ THE NOTES OVERLEAF



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