





DL-389 (DMV Certificate) Replacement Request Form

All fields are REQUIRED ~ Please print legibly

Full Name:				
(As on Driver's License) _				
	First	N	Middle	
Address:				
	Street	City	State	Zip
Driver's License #:		Date of E	Sirth:	Age:
_			9	
Talanhana		Pasia Biday C	auras Camulatian Datas	
relephone:		Basic Rider C	ourse completion Date:	
Reason for reissue o	f DL-389 (please che	ck one):		
☐I nev	er received the original	certificate in the mail		
☐ The o	original certificate is dan	maged or defaced (<i>if ch</i>	eck original certificate mus	st be included with request)
☐ I lost	my original certificate			
Othe	r:			
Pasis Biday Causas I	aaatiana Canta Dasa	@ the Conome Count	Coiseasous de	
		@ the Sonoma Count Rosa, we <u>CAN NOT</u> issue a		
(iii jour took tile coulde til	, mere other than builte	issue		
Signature:			Date:	
oignature:			Dutc.	

Send the form in with a copy of your driver's license and a self addressed stamped envelope to: SRMT 4751 Prospect Ave Santa Rosa CA 95409