

COMMERCIAL
DRIVER LICENSE

USA
WISCONSIN



4d **J122-0007-4211-01** 9 CLASS **ABCD**

1 **JOVICIC**
2 **ALEKSANDAR**

8 **6135 W HOWARD AVE #8**
GREENFIELD, WI 53220

NON-DOMICILED

15 SEX **M** 16 HGT **6'-05"** 17 WGT **280 lb**

18 EYES **BRO** 19 HAIR **GRY**

3 DOB **06/11/1974** 9a END **NONE**

4a ISS **01/06/2025**

4b EXP **08/15/2026**

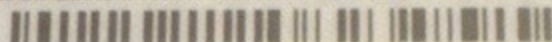
5 DD ITSXS025010609263454

JUN 74





72015-203-658
MSW1 SCS SXS



01310 001526661 21

RESTRICTIONS: E- No Manual Trans Equip CMV; Corr Lenses *



06111974

wisconsin.dmv.gov



Anatomical Gift Statement - Upon my death, I wish to donate:

☒ All organs, tissues and eyes

☐ I refuse to make an anatomical gift

Limitations: _____

Signature: _____

Date: _____

Use Permanent Marker