DRIVER LICENSE AND INDENTIFICATION CARD INSPECTION REPORT

District/Bureau _____ Platoon/Unit _____

Semiannual Report ☐ June ☐ December 20____

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Badge Number	Last Name	First Name	DL Number	Expiration Date	Status	ID Card Valid/Invalid	Remedial Action Taken

The above items were inspected under my supervision.

Respectfully,

_____

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