



555 Wright Way
Carson City, NV 89711
(877) 368-7828
www.dmvnv.com

ALCOHOL AND SUBSTANCE ABUSE COURSE COMPLETION NOTICE

Student Name: Alan Arriaga
Student Address: 1256 ocallaghan drive, Sparks, NV, 89434
Driver's License Number: 0804453538 Date of Birth: 10/27/1994

- A. Name and Department of the Court having jurisdiction: Sparks Municipal Court
B. Judge's Name: Robert Delong
C. Citation Number: 24C001054
D. Court Ordered Completion Date: 07/09/2025
E. Did the student successfully complete the course within the time ordered by the court?
(Circle one) YES ☒ NO
F. Any additional information required by order of the court: _____

I hereby certify all statements on this form are true.

STUDENT'S SIGNATURE

DATE

TO BE COMPLETED BY SCHOOL OFFICIAL:		1752044400
School Name: \$49 Nevada DUI School	School License # DUI000049324	
Course attended: ALCOHOL AND SUBSTANCE ABUSE	Date Completed:	07/10/2025
Hours of Instruction: 8	Final Test Score:	82%
Instructor's Name: Wendi Turner		
Instructor's Signature: <i>Wendi Turner</i>		
Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711, Attention: Data Integrity.		
(Must be submitted by the 10th day of the month immediately following the month in which the student enrolls)		