



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

ALCOHOL AND SUBSTANCE ABUSE COURSE COMPLETION NOTICE

Student Name: Madison O'Neil
Student Address: 4955 marcon dr las vegas, nevada 89149
Driver's License Number: 1404369393 Date of Birth: 08/08/1996

- A. Name and Department of the Court having jurisdiction: Las Vegas Municipal Court
B. Judge's Name: Brown
C. Citation Number: C1277391
D. Court Ordered Completion Date: 04/01/2025
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: | | 1743490800 |
| School Name: \$49 Nevada DUI School | School License # DUI000049324 | |
| Course attended: ALCOHOL AND SUBSTANCE ABUSE | Date Completed: | 11/18/2024 |
| Hours of Instruction: 8 | Final Test Score: | 80% |
| 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) | | |