

**DEPARTMENT OF MOTOR VEHICLES**

LICENSING OPERATIONS DIVISION

Driver Safety Branch

1455 Frazee Road, Suite 400

San Diego, CA 92108

Telephone: (619) 220-5300 FAX: (619) 220-5418



**ORDER OF SUSPENSION/REVOCAATION**

DS298031121Y2185065KUP031521  
Henny Kupferstein

DRIVER LICENSE OR FILE NUMBER Y2185065
VEHICLE CODE AUTHORITY SECTIONS 12805 12806 12809 13359 <input checked="" type="checkbox"/> 13953 <input type="checkbox"/> 14252 <input type="checkbox"/> 14103
<input checked="" type="checkbox"/> SUSPENSION <input type="checkbox"/> REVOCAATION

You are unable to operate a motor vehicle safely because of: a lack of skill as shown by examination or other evidence.

Your privilege to operate a motor vehicle is withdrawn effective March 15, 2021.

- Your  driving test  written test results were unsatisfactory.
- Your medical information was not favorable.
- You violated the terms and conditions of your probation.
- The Priority Law Enforcement Referral for the encounter that occurred on 8/5/2020.

**You have the right to request a hearing.**

To request a hearing you must contact the department within  10 days from the date of this order if personally served, or within  14 days from the mailing date of this order if received by mail. If a hearing is requested, you will be notified by mail of the date, time, and location.

If you do not want a hearing at this time, an interview may be scheduled at a later date upon your request.

For information regarding the hearing process, please see the reverse side of this form.

- If eligible, you may apply in person for an identification card at any DMV field office if you do not already have one. You may make an appointment by visiting the DMV website at: [www.dmv.ca.gov](http://www.dmv.ca.gov) or calling our Telephone Service Center at 1-800-777-0133. If a withdrawal action has been taken because of a medical condition and you are eligible, you may obtain an identification card at no cost upon surrender of your unexpired California Driver License

**THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT**

**CERTIFICATE OF MAILING**

- presented to the person named above a true copy of this document.
- deposited in the United States mail  at the address shown above,  at \_\_\_\_\_, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the Department of Motor Vehicles at the business address as shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE 3/11/2021	NAME OF AUTHORIZED DMV EMPLOYEE T. Van Kirk	SIGNATURE OF AUTHORIZED DMV EMPLOYEE <input checked="" type="checkbox"/>
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California Relay Telephone Service for the deaf or hard of hearing from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

