DRIVER HISTORY REPORT

Print

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

01/05/2024

"

DATE:01-05-24*TIME:13:41*

DL/NO:D4109859*

B/D:12-24-1978*NAME:VELASCO,MARCOS ANTONIO*

Feedback

B/D:12-24-1978*NAME:VELASCO,MARCOS ANTONIO*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-10*WT:210*

ID CARD MLD:07-26-02* EXP:12-24-07*

LIC/ISS:01-03-23* EXP:06-30-24*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:01-28-25*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 01-28-23 EXPIRATION DATE: 01-28-25

"

STATUS CODE: C

VALID*

"

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

VIOL/DT CONV/DT SEC/VIOL DKT/NO DISP COURT VEH/LIC

10-17-21 11-03-21 06 TEX

UPDATED:12-06-21*

FAILURES TO APPEAR:

NONE*

MED EXAMINER NUMBER: CA A30962

MED REGISTRY NUMBER: 5224050130

SPECIALTY: MD MED EXAMINER PHONE NUMBER: 9096059713

MED EXAMINER NAME:

LAST NAME: TEJURA

FIRST NAME: KANEYALAL

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

SELF CERTIFICATION CODE: NI

COMMERCIAL LICENSE STATUS: