DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

*****CUSTOMER RECEIPT COPY*****

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

01/05/2024

"

DATE:01-05-24*TIME:12:35*

DL/NO:Y6367707*

B/D:11-06-1995*NAME:DIAZVARGAS,KEVIN OMAR*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BLK*HT:5-04*WT:145*

LIC/ISS:12-16-22* EXP:11-06-26*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:09-12-24*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 09-12-22 EXPIRATION DATE: 09-12-24

STATUS CODE: C

MED EXAMINER NUMBER: CA DC24432

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MED REGISTRY NUMBER: 1301153649

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 7144491199

MED EXAMINER NAME:

LAST NAME: JO

FIRST NAME: STEVE

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

SELF CERTIFICATION CODE: NI

COMMERCIAL LICENSE STATUS:

VALID*

LICENSE STATUS:

VALID*

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DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

DATE/TIME LOCATION VEH-LIC REPORT NO FR CASE NO

12-02-22 16 **FULLERTON 8FHZ369** 30083201484

UPDATED:12-13-22*

END