



CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

06/03/2025

SELF CERTIFICATION CODE: NI

RESTRICTIONS:

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E-CLASS A/B-LIMITED TO VEHICLE WITH AUTOMATIC TRANSMISSION\*

COMMERCIAL LICENSE STATUS:

VALID\*

LICENSE STATUS:

VALID\*

DEPARTMENTAL ACTIONS:

NONE\*

CONVICTIONS:

NONE\*

FAILURES TO APPEAR:

NONE\*

ACCIDENTS:

NONE\*

END



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**DRIVER LICENSE/IDENTIFICATION CARD**

**INFORMATION REQUEST**

**06/03/2025**

DATE:06-03-25\*TIME:13:28\*

DL/NO:E3100971\*

B/D:11-14-1991\*NAME:WINTERS,ANTONIO JR\*

IDENTIFYING INFORMATION:

SEX:MALE\*HAIR:BLACK\*EYES:BRN\*HT:6-02\*WT:205\*

ID CARD MLD:01-14-09\* EXP:11-14-14\*

LIC/ISS:08-05-21\* EXP:11-14-25\*CLASS:A COMMERCIAL\*

ENDORSEMENTS:

DOUBLES/TRIPLES,HAZARDOUS MATERIALS,TANK VEHICLE\*

TSA CLEARANCE APPROVED HAZARDOUS MATERIALS ENDORSEMENT EXP:10-06-26

MEDICAL EXPIRES:02-12-26\*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 02-12-24 EXPIRATION DATE: 02-12-26

STATUS CODE: C

MED EXAMINER NUMBER: CA 26627

MED REGISTRY NUMBER: 7855645511

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 9516385517

MED EXAMINER NAME:

LAST NAME: GHODS

FIRST NAME: ARMAN

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION: