STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
02/16/24

DAK99933586K4E3100971
DATE:02-16-24*TIME:11:42*
DL/NO:E3100971*
B/D:11-14-1991*NAME:WINTERS,ANTONIO JR*
RES ADD AS OF 02-16-24:6879 LANCELOT DR, CORONA 92880*
OTH ADD AS OF 01-05-09:5694 CANFIELD WAY, CHINO HILLS*
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:
SELF CERTIFICATION CODE: NI
RESTRICTIONS:
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 * * *