

DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

04/24/2024

"

DATE:04-24-24*TIME:08:29*

DL/NO:B4160007*

B/D:11-10-1966*NAME:RODRIGUEZ,OMAR JOSE*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-09*WT:240*

LIC/ISS:11-04-23* EXP:11-10-28*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:12-19-25*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 12-19-23 EXPIRATION DATE: 12-19-25

STATUS CODE: C

MED EXAMINER NUMBER: CA DC18112

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MED REGISTRY NUMBER: 2028714830

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 9098550204

MED EXAMINER NAME:

LAST NAME: HOLDER

FIRST NAME: DAVID

MIDDLE NAME: R

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:

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VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

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

01-19-22 04-14-22 01 ARIZ

UPDATED:04-14-22*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

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

11-22-17 11 *ONTARIO WP93693 98555913860

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UPDATED:12-11-17*

END