DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

05/03/2024

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DATE:05-03-24*TIME:12:02*

DL/NO:W8639739*

B/D:04-15-1972*NAME:DEREZENDE,LEANDRO RODRIGO*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLOND*EYES:GRN*HT:6-00*WT:122*

LIC/ISS:12-13-23* EXP:04-15-28*CLASS:A COMMERCIAL*

ENDORSEMENTS:

DOUBLES/TRIPLES,TANK VEHICLE*

MEDICAL EXPIRES:12-12-25*

MEDICAL CERTIFICATE INFORMATION:

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

STATUS CODE: C

MED EXAMINER NUMBER: CA PA20940

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MED REGISTRY NUMBER: 2867765768

SPECIALTY: PA MED EXAMINER PHONE NUMBER: 3238990171

MED EXAMINER NAME:

LAST NAME: WARREN

FIRST NAME: GIANNA

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:

NONE*

END