CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

04/11/2025

"

DATE:04-11-25*TIME:10:21*

DL/NO:D6153267*

B/D:06-02-1986*NAME:JAUREGUI,HECTOR*

RES ADD AS OF 12-06-23:4660 E BELGRAVIA AVE, FRESNO 93725*

OTH ADD AS OF 08-30-23:4660 E BELGRAVIA, FRESNO*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-09*WT:200*

ID CARD MLD:07-18-17* EXP:06-02-22*

LIC/ISS:12-06-23* EXP:06-02-28*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:03-08-27*

"

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 03-18-25 EXPIRATION DATE: 03-08-27

STATUS CODE: C

MED EXAMINER NUMBER: IL 038012584

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 8473788417

MED EXAMINER NAME:

LAST NAME: KILKUS

FIRST NAME: BRIAN

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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INFORMATION REQUEST

04/11/2025

SELF CERTIFICATION CODE: NI

COMMERCIAL LICENSE STATUS:

VALID*

"

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

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

STATUS CODE: C

MED EXAMINER NUMBER: IL 038012584

.MINER PHONE NUMBER: 8473788417

FIRST NAME: BRIAN

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

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INFORMATION REQUEST

04/11/2025

SELF CERTIFICATION CODE: NI

COMMERCIAL LICENSE STATUS:

VALID*

"

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

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

08-30-22 01-20-23 12500A VC E730768 10440 8TVF371

16028A VC

4000A1 VC

UPDATED:03-06-23*

FAILURES TO APPEAR:

NONE*

"

ACCIDENTS:

NONE*

END