

DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

03/25/2023

"

DATE:03-25-23*TIME:18:35*

DL/NO:D2360737*

B/D:08-12-1984*NAME:CORDEIRO,NATHAN*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-02*WT:140*

ID CARD MLD:02-21-23* EXP:08-12-28*

LIC/ISS:07-13-20* EXP:08-12-25*CLASS:A COMMERCIAL & M1 MOTORCYCLE*

ENDORSEMENTS:

DOUBLES/TRIPLES,TANK VEHICLE*

MEDICAL EXPIRES:07-25-24*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 07-25-22 EXPIRATION DATE: 07-25-24

"

STATUS CODE: C

MED EXAMINER NUMBER: CA DC25559

MED REGISTRY NUMBER: [3985835830](#)

SPECIALTY: CH MED EXAMINER PHONE NUMBER: [7606766872](#)

MED EXAMINER NAME:

LAST NAME: DAY

FIRST NAME: MICHAEL

MIDDLE NAME: C

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*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

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

06-23-22 08-19-22 AZ N C

UPDATED:08-22-22*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END