DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

02/10/2025

"

DATE:02-10-25*TIME:14:54*

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:05-10-23*ID DUP OR NO FEE ISS:

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

ENDORSEMENTS:

DOUBLES/TRIPLES,TANK VEHICLE*

MEDICAL EXPIRES:07-16-26*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 07-16-24 EXPIRATION DATE: 07-16-26

"

STATUS CODE: C

MED EXAMINER NUMBER: OH DC02273

MED REGISTRY NUMBER: 2118809151

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 3302703660

MED EXAMINER NAME:

LAST NAME: STOREY

FIRST NAME: DAVID

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