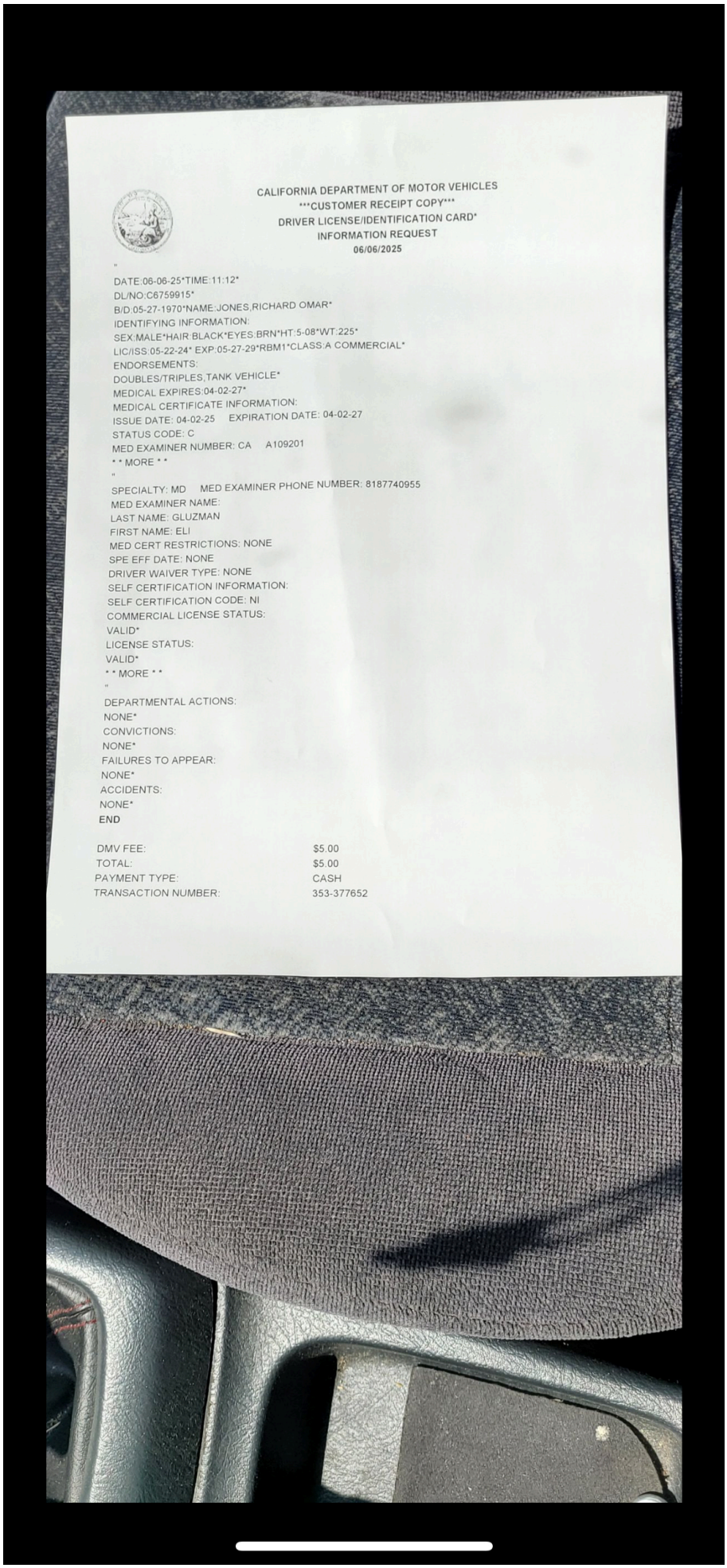

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD*
INFORMATION REQUEST
06/06/2025

"
DATE:06-06-25*TIME:11:12*
DL/NO:C6759915*
B/D:05-27-1970*NAME:JONES,RICHARD OMAR*
IDENTIFYING INFORMATION:
SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-08*WT:225*
LIC/ISS:05-22-24* EXP:05-27-29*RBM1*CLASS:A COMMERCIAL*
ENDORSEMENTS:
DOUBLES/TRIPLES,TANK VEHICLE*
MEDICAL EXPIRES:04-02-27*
MEDICAL CERTIFICATE INFORMATION:
ISSUE DATE: 04-02-25 EXPIRATION DATE: 04-02-27
STATUS CODE: C
MED EXAMINER NUMBER: CA A109201
* * MORE * *
"
SPECIALTY: MD MED EXAMINER PHONE NUMBER: 8187740955
MED EXAMINER NAME:
LAST NAME: GLUZMAN
FIRST NAME: ELI
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*
* * MORE * *
"
DEPARTMENTAL ACTIONS:
NONE*
CONVICTIONS:
NONE*
FAILURES TO APPEAR:
NONE*
ACCIDENTS:
NONE*
END

DMV FEE:	$5.00
TOTAL:	$5.00
PAYMENT TYPE:	CASH
TRANSACTION NUMBER:	353-377652