



CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD*
INFORMATION REQUEST

06/05/2023

"
DATE:06-05-23*TIME:13:42*

DL/NO:C6759915*

B/D:05-27-1970*NAME:JONES,RICHARD OMAR*

RES ADD AS OF 05-28-19:17938 BURBANK BLVD APT 28, ENCINO 91316*

OTH ADD AS OF 07-07-14:17938 BURBANK BLVD 28, ENCINO*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-09*WT:222*

LIC/ISS:05-28-19* EXP:05-27-24*CLASS:A COMMERCIAL*

ENDORSEMENTS:

DOUBLES/TRIPLES,TANK VEHICLE*

MEDICAL EXPIRES:04-03-25*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 04-03-23 EXPIRATION DATE: 04-03-25

** MORE **
"

STATUS CODE: C

MED EXAMINER NUMBER: CA A107201

MED REGISTRY NUMBER: 6545547155

SPECIALTY: MD MED EXAMINER PHONE NUMBER: 8187740955

MED EXAMINER NAME:

LAST NAME: GUZMAN

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*

** MORE **
"

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

VIOL/DT	CONV/DT	SEC/VIOL	DKT/NO	DISP	COURT	VEH/LIC
03-08-22	02-01-23	27151A VC	H073692		19432	8TUZ820

UPDATED:02-01-23*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END

DMV FEE:	\$5.00
CREDIT CARD SERVICE FEE:	\$0.10
TOTAL:	\$5.10
PAYMENT TYPE:	VISA
ACCOUNT NUMBER:	1852
TRANSACTION NUMBER:	278-111933
DMV AUTHORIZATION NUMBER:	144530
CREDIT CARD AUTHORIZATION NUMBER:	184239



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