DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

08/16/2023

"

DATE:08-16-23*TIME:10:45*

DL/NO:C5176777*

B/D:04-22-1960*NAME:NIKOLIC,ZVONIMIR*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BROWN*EYES:BRN*HT:5-04*WT:150*

ID CARD MLD:06-27-11* EXP:04-22-17*

LIC/ISS:03-11-22* EXP:04-22-26*CLASS:A COMMERCIAL & M1 MOTORCYCLE*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:01-06-24*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 01-06-22 EXPIRATION DATE: 01-06-24

"

STATUS CODE: C

MED EXAMINER NUMBER: CA PA15088

MED REGISTRY NUMBER: 6122499789

SPECIALTY: PA MED EXAMINER PHONE NUMBER: 3102151600

MED EXAMINER NAME:

LAST NAME: CHOI

FIRST NAME: RANDY

MED CERT RESTRICTIONS: 1

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

SELF CERTIFICATION CODE: NI

RESTRICTIONS:

MUST WEAR CORRECTIVE LENSES WHEN DRIVING*

MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIALLY*

"

E-CLASS A/B-LIMITED TO VEHICLE WITH AUTOMATIC TRANSMISSION*

COMMERCIAL LICENSE STATUS:

VALID*

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END