DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

09/14/2023

"

DATE:09-14-23*TIME:11:07*

DL/NO:A3795707*

B/D:10-22-1970*NAME:MODICA,CARL FRANK JR*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-11*WT:180*

ID CARD MLD:09-25-09* EXP:10-22-14*

LIC/ISS:04-02-19* EXP:10-22-23*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:06-26-25*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 06-26-23 EXPIRATION DATE: 06-26-25

"

STATUS CODE: C

MED EXAMINER NUMBER: CA 277000935

MED REGISTRY NUMBER: 5396823207

SPECIALTY: AN MED EXAMINER PHONE NUMBER: 7085460551

MED EXAMINER NAME:

LAST NAME: BEDNAREK

FIRST NAME: NANCY

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

SELF CERTIFICATION CODE: NI

RESTRICTIONS:

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