

DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD INFORMATION REQUEST

04/20/2021

DATE: 04-20-21 *TIME:12:31*

DL/NO: [REDACTED]

[sensitive info redacted]

B/D: [REDACTED] NAME: BURKE, ROBERT [REDACTED]*

IDENTIFYING INFORMATION: SEX:MALE*HAIR:BLOND*EYES:BLU*HT:6-01*WT:177*

LIC/ISS: 03-29-19* EXP: 02-28-24 *CLASS:C COMMERCIAL & M1 MOTORCYCLE*

ENDORSEMENTS: HAZARDOUS MATERIALS*

TSA CLEARANCE APPROVED HAZARDOUS MATERIALS ENDORSEMENT EXP: 05-07-25

MEDICAL CERTIFICATE INFORMATION: ISSUE DATE: 12-06-19 EXPIRATION DATE: 12-06-21 MEDICAL EXPIRES:12-06-21*

MED EXAMINER NUMBER: CA 29321 STATUS CODE: C MED REGISTRY NUMBER: 3515952024

MED EXAMINER NAME: JIMMY BAE PHONE NUMBER: 5624680023

MED CERT RESTRICTIONS: 1 MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIALY*

SPE EFF DATE: NONE DRIVER WAIVER TYPE: NONE

L-LIMITED TO VEHICLES WITHOUT AIR BRAKES WHEN DRIVING COMMERCIALY*

COMMERCIAL LICENSE STATUS: VALID* LICENSE STATUS: VALID*

DEPARTMENTAL ACTIONS: NONE*

CONVICTIONS: NONE*

FAILURES TO APPEAR: NONE*

ACCIDENTS: NONE*

END