

DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST 03/25/2024

DATE:03-25-24* TIME:09:09*

DL/NO:F528

B/D:03-1967* NAME:BURKE,ROBERT ALLEN*

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

ISSUE DATE: 03-06-24 EXPIRATION DATE: 03-06-26

LIC/ISS:03-15-24* EXP:03-29* CLASS:C COMMERCIAL & M1 MOTORCYCLE*

ENDORSEMENTS: HAZARDOUS MATERIALS*

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

MEDICAL CERTIFICATE INFORMATION: MEDICAL EXPIRES:03-06-26*

MED EXAMINER NAME: KRISTINA BROWN

MED EXAMINER NUMBER: CA DC31850 MED REGISTRY NUMBER: 1979327334

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 31096154

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION: CODE: NI

RESTRICTIONS: MUST WEAR CORRECTIVE LENSES WHEN DRIVING*

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

Sensitive information with which someone could steal my identity has been redacted.