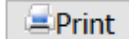


Driver History Report



CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

12/29/2019

DATE:12-29-19*TIME:18:17*

DL/NO: [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 [REDACTED]-24 *CLASS: C COMMERCIAL & M1 MOTORCYCLE*

ENDORSEMENTS: HAZARDOUS MATERIALS*

TSA CLEARANCE APPROVED HAZARDOUS MATERIALS ENDORSEMENT EXP: 06-18-20

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

STATUS CODE: C

MED EXAMINER NUMBER: CA 29321 MED REGISTRY NUMBER: 3515952024

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 5624680023

MED EXAMINER NAME: LAST NAME: BAE FIRST NAME: JIMMY

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 COMMERCIALY*

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
