

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

07/15/2021

"

DATE:07-15-21*TIME:09:57*

DL/NO:A4842755*

B/D:12-05-1963*NAME:AYONALLOYA,SABAS*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BROWN*EYES:BRN*HT:5-05*WT:158*

ID CARD MLD:

LIC/ISS:01-28-19* EXP:12-05-23*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:12-02-22*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 12-02-20 EXPIRATION DATE: 12-02-22

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STATUS CODE: C

MED EXAMINER NUMBER: TX PA11086

MED REGISTRY NUMBER: 6151679479

SPECIALTY: PA MED EXAMINER PHONE NUMBER: 2818868964

MED EXAMINER NAME:

LAST NAME: CLARK

FIRST NAME: JOSHUA

MIDDLE NAME: M

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*

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MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIALY*

COMMERCIAL LICENSE STATUS:

VALID*

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END