

DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

04/18/2023

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DATE:

DL/NO:

B/D: *NAME:

IDENTIFYING INFORMATION:

SEX: HAIR: EYES: HT: WT:

LIC/ISS: EXP: RBM2*CLASS:C NON-COMMERCIAL*

ENDORSEMENTS:NONE*

HEALTH QUESTIONNAIRE EXPIRES:NONE*

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

"

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END