STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
04/17/24

DAK99933511K4Y3152538
DATE:04-17-24*TIME:14:24*
DL/NO:Y3152538*
B/D:02-01-1972*NAME:MARINVALENCIA,ULISES*
RES ADD AS OF 01-14-22:415 S MOUNT VERNON 127, SN BERNRDNO 92410*
OTH ADD AS OF 09-29-21:415 S MOUNT VERNON AVE 127, SN BERNRDNO*
AKA:
MARTIN,ULISES*VALENCIA,ULISES MARTIN*VALENCIA,ULISES MARIN*
IDENTIFYING INFORMATION:
SEX:MALE*HAIR:BLACK*EYES:BLK*HT:5-09*WT:188*
LIC/ISS:01-14-22* EXP:02-01-26*CLASS:A COMMERCIAL*
ENDORSEMENTS:
DOUBLES/TRIPLES,TANK VEHICLE*
MEDICAL EXPIRES:12-08-25*
MEDICAL CERTIFICATE INFORMATION:
ISSUE DATE: 12-08-23 EXPIRATION DATE: 12-08-25
STATUS CODE: C
MED EXAMINER NUMBER: CA DC18112
MED REGISTRY NUMBER: 2028714830
SPECIALTY: CH MED EXAMINER PHONE NUMBER: 9098850204
MED EXAMINER NAME:
LAST NAME: HOLDER
FIRST NAME: DAVID
MED CERT RESTRICTIONS: NONE
SPE EFF DATE: NONE
DRIVER WAIVER TYPE: NONE
SELF CERTIFICATION INFORMATION:
SELF CERTIFICATION CODE: NI
COMMERCIAL LICENSE STATUS:
VALID*
LICENSE STATUS:
VALID*
DEPARTMENTAL ACTIONS:
NONE*
CONVICTIONS:

VIOL/DT	CONV/DT	SEC/VIOL	DKT/NO	DISP	COURT	VEH/LIC
12-21-23	03-06-24	35551A VC COMVEH OTH	00BNKL8		36480	YP30561

UPDATED:03-07-24*
FAILURES TO APPEAR:
NONE*
ACCIDENTS:
NONE*

* * * END * * *