dical Examiner's Signature

ical Examiner's Name *(please print or type)*
A WEATHERFORD

Medical Examiner's Tele
918-286-6331

cal Examiner's State License, Certificate, or Registration Number

○ MD ◉ Physician
○ DO ○ Chiropra

Issuing State
OK

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s: 21373 TC

Driver's License Numbe
280-74-31

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USA **OKLAHOMA**

COMMERCIAL DRIVER LICENSE

NOT FOR REAL ID PURPOSES

4d Lic. No. J083638110 4b Exp 07/31/2027

3 DOB 08/31/1974

1 CHAPMAN
2 HENRY
8 3024 W NORMAN ST
BROKEN ARROW, OK 74012-9530

9 Class A
9a End NONE 4a Iss 07/28/2023
12 Restr NONE

15 Sex M 17 Wgt 168 lb
18 Eyes BRO 16 Hgt 5'-10"

5 DD J08363811008317407282 3O