

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
03/23/04

DAK99933622K4A4717928

DATE:03-23-04*TIME:11:02*

DL/NO:A4717928*

B/D:08-22-1970*NAME:ANDERSON, TIFFANY KAY*

RES ADD AS OF 06-09-00:227 COLUMBIA DR, LODI 95240*

OTH ADD AS OF 12-15-94:111 FORREST AVE, LODI*

AKA:

EBEL, TIFFANY KAY*

IDENTIFYING INFORMATION:

SEX:FEMALE*HAIR:BROWN*EYES:BLU*HT:5-06*WT:140*

LIC/ISS:11-04-93* EXP:08-22-07*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 * * *

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