

State of California Division of Workers' Compensation  
Request for Public Records

Routine requests should be made to your local district office.  
Click [here](#) for local district office locations.

Date received 1-28-2014

☐ Party/Representing a party

Due date \_\_\_\_\_

☒ Not a party

(Response Due: Immediately or within 10 days from date of request)

Requester Information [Voluntary unless seeking personal or individually identifiable information]

Name	Tommy G. Beard
Company	S.S. Mosquito & Vector Control
DWC Authorization Number [Copy, Legal & Investigative Services]	
Representing	Tom Beard
Business Address	29371 Toyon Drive #12
Alternative Address	
City, State, ZIP Code	Stockton CA 95203
Telephone (business)	209 941-2782
Fax	
E-Mail	

Description of Records Requested/Initial Contact with Requesting Party:

☒ Inspection

☒ Copying

WCAB File No.:	STK 0124216
Injured Workers Name:	
Other:	

Is Request for Purposes of Pre-Employment Screening?  
(If yes, DWC shall send notification letter to injured worker)

☐ Yes ☒ No

For Requests for Personal Information or Individually Identifiable Information, state the purpose for which the information will be used and provide proof of identity and address.

PERSONAL USE

Name of DWC Employee-Initial Contact: \_\_\_\_\_

If other than routine request email: [DWC\\_PRA@dir.ca.gov](mailto:DWC_PRA@dir.ca.gov)  
Public Records Act Request Form  
May 2011

SIGN: Tom Beard

DATE: 1-28-2014

Box 29 / List 59 / 1044515

**CALIFORNIA** DRIVER LICENSE

DL R0301745

EXP 09/24/2017

LN BEARD

FN TOMMY GENE

2937 TOYON DR APT 2  
STOCKTON, CA 95203

DOB 09/24/1948

RSTR NONE


CLASS C  
END NONE

09241948

SEX M HAIR BLK EYES BRN  
HGT 5'-10" WGT 240 lb

DD 03/14/2007 517RB/DDFD/17

ISS 08/03/2012



DOB 9/24/1949