

Driving Record Information

MOTOR VEHICLE
ADMINISTRATION

Customer Information

Driver's License Number: D200139676037

Privacy: YES

Name: DELROY PATRICK DAWES

Address: 225 EARHART CT
OWINGS MILLS MD 21117

Height: 5-09 Weight: 215 Race: 1 Sex: M Birth Date: 1/13/1960 Page: 1 of 2

Driving Privilege Status: VALID

Current CDL Status: VALID

Driver's License Information

License Class	Graduated License Type	License Type	License Duplicate	Document
CL-AM CDL		R		

Issue Date	Original Issue Date	Expiration Date	CDL Endorsement	Restrictions	Special Restrictions
01-04-20	08-21-98	01-13-25	T		

Address Change

Date	Description
06-14-18	ADDRESS CHANGE

Name Change

Date	Description
11-06-98	SOUNDEX CHANGE

Driver's License History and Convictions

Violation Date	Conviction Date	Disposition	Description	Points
08-21-98		PA	MD LICENSE ISSUED/OUT OF ST LIC SURRENDERED/VOIDED	
09-19-91		92AN091988	DRIVER LICENSE VOLUNTARILY SURRENDERED	
02-01-92		APP	DRIVER IMPROVEMENT PROGRAM COMPLETED	
12-19-92		92 A N 091988	EXPIRED LICENSE/PERMIT/ID DELETED FROM RECORD	
10-31-09		081304AMN HT	CDL LICENSE DOWNGRADED TO NON-COMMERCIAL LICENSE	
11-09-09		MD15CMNC	DRIVER LICENSE RECEIVED AT MVA AND DESTROYED	
05-07-13	- -		CDL COMPLIANCE LETTER MAILED- MED CERT CARD & SELF CERT F	
01-14-15		MD15A C 110909	NEW LIC/ID ISSUED - PREVIOUS LIC/ID RECEIVED AND DESTROY	
06-14-18		MD20CDLAMC	NEW LIC/ID ISSUED - PREVIOUS LIC/ID RECEIVED AND DESTROY	
06-14-18		Iss Date 100716		
06-14-18		Endrs T		
06-14-18		Rest NONE		
01-04-20		MD20CDLAMC	NEW LIC/ID ISSUED - PREVIOUS LIC/ID RECEIVED AND DESTROY	
01-04-20		Iss Date 061418		
01-04-20		Endrs T		
01-04-20		Rest NONE		

RECORD END

Total Points: 00

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MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED DISCLOSURE OF INFORMATION
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BY A FINE UP TO \$1000 DOLLARS.

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CDL AKA Data

AKA Tag	Name	DOB Tag	CDL DOB
1	DELROY PATRICK DAWES	1	01/13/60
2	DELROY PATRICK DAWES	2	01/17/60

CDL Accident History

Accident Date	CMV	Location	Severity	Jurisdiction	Hazmat
03/08/84	2		5	PA	9

CDL Medical Certificate

Medical Certificate Status C	Issue Date 2018-09-17	Expiration Date 2020-09-17
Skills Performance Evaluation	Issue Date	Expiration Date
Waiver Type	Issue Date	Expiration Date
Certification Restrictions None	Self Certification NI	

Medical Examiner Name

	Truncated	Transliterated
First Name : JEFFREY	U	U
Middle Name :		
Last Name : PEAPER	U	U

Medical Examiner Information

Licensing Jurisdiction/ Medical Examiner License Number
MD/C0004830

Registry Number 4225321970	Specialty PA	Phone (410) 247-9595
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