

CALIFORNIA DRIVER LICENSE



DL F1894204

EXP 08/23/2019

LN AREVALO
FN MARIO ROSALES
235 N GAGE AVE
LOS ANGELES, CA 90063

DOB 08/23/1977

RSTR NONE

CLASS C
END NONE



08231977

Mario Rosales

SEX M HAIR BLK
HGT 5'-07" WGT 155 lb
DD 06/02/2014 617H4/CCFD/19

EYES BRN
ISS
06/02/2014

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: Rosales MARIO
Last First MI

Phone: Home: 323 477 5663 Cell: _____

Home Email Address: 4318 1/2 E St

Address: _____ Los Angeles CA 90022
Street City State Zip Code

Primary Emergency Contact Name: Chavez Beatriz
Last First

Relationship: WIFE

Phone: Home: _____ Cell: (213) 840 4469 Work: _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know - or special contact information:

Signature: Mario Rosales Date: 2-1-18