

California <sup>USA</sup> DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY



DL **Y2511752**

CLASS C

EXP **08/15/2024**

END NONE

LN **JUAREZ MENDOZA**  
FN **BYRON BENITO**  
8533 COLUMBUS AVE APT 17  
NORTH HILLS, CA 91343

DOB **08/15/1977**  
RSTR NONE



08151977

SEX M HAIR BLK  
HGT 5'-05" WGT 200 lb  
DD 05/14/2019587C9/CCFD/24

EYES BRN  
ISS  
05/14/2019

# 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: Juarez Byron  
Last First MI

Phone: (323) 854-1080 Cell: \_\_\_\_\_  
Home:

Home Email Address: \_\_\_\_\_

Address: 8533 Colombose Dr. North Hills CA 91343  
Street City State Zip Code  
apt. #17

Primary Emergency Contact Name: Medina Nancy  
Last First

Relationship: Esposa

Phone: \_\_\_\_\_ Cell: (818) 429-5659 Work: \_\_\_\_\_  
Home:

Secondary Emergency Contact Name: Juarez Sofia  
Last First

Relationship: Hermanos

Phone: \_\_\_\_\_ Cell: (323) 632-2814 Work: \_\_\_\_\_  
Home:

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: Byron Date: \_\_\_\_\_