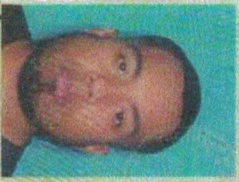


CALIFORNIA DRIVER LICENSE



DL **D6772847** CLASS C
EXP 08/18/2019 END NONE

LN GARCIA TUNCHEZ
FN HEDER ALEXANDER
711 BLADES ST
LOS ANGELES, CA 90083

DOB 08/18/1987 08181987
RSTR NONE

SEX M HAIR BLK EYES BRN
HGT 5'-04" WGT 150 lb
ISS 07/14/2014
DD 07/14/2014HS17111D0P019

Handwritten signature: Heder Garcia

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: Garcia Alexander
Last First MI

Phone: _____
Home: _____ Cell: 323-704-5845

Home Email Address: _____

Address: 711 Blades st. LA CA 90063
Street City State Zip Code

Primary Emergency Contact Name: Solorzano Carolina
Last First

Relationship: Partner

Phone: _____
Home: _____ Cell: 323-373-6432 Work: _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: _____
Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: Medical Policy #: _____

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

Signature: Alexander Garcia Date: 2-14-18