

California USA DRIVER LICENSE FEDERAL LIMITS APPLY



DL **F1894204** CLASS C

EXP **08/23/2024** END NONE

LN AREVALO
FN MARIO ROSALES
4318 1/2 E 4TH ST
LOS ANGELES, CA 90022

DOB **08/23/1977**
RSTR NONE



08231977

Mario Rosales

SEX: M HAIR: BLK EYES: BRN
HGT: 5'-07" WGT: 195 lb ISS: 08/26/2019
DD: 08/26/2019 61711/DDFD/24

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

Employee Information

Name: ROSales - Arevalo Mario
Last First MI

Phone#1: 323 477-5663 Cell Home Other, explain: _____

Phone#2: _____ Cell Home Other, explain: _____

Email Address: BeatrizChavez03@yahoo.com

Address: 4318 1/2 E. 4th St. Los Angeles, Ca. 90022
Street City State Zip Code

Emergency Information

Primary Emergency Full Name: chaves-garcia Beatriz
Last First

Relationship: wife

Phone#1: 213 840-4409 Cell Home Other, explain: _____

Phone#2: _____ Cell Home Other, explain: _____

Secondary Emergency Full Name: _____
Last First

Relationship: _____

Phone#1: _____ Cell Home Other, explain: _____

Phone#2: _____ Cell Home Other, explain: _____

Preferred Local Hospital: _____

Insurance Company: Health Net Policy #: 92735921F

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

allergic to penacilin

Signature: Mario Rosales Date: 2.2.17.