



## MARYLAND MOTOR VEHICLE ADMINISTRATION

May 10, 2019

## Driving Record Information

MOTOR VEHICLE  
ADMINISTRATION

## Customer Information

Driver's License Number: B650465734660

Privacy: YES

Name: KENNETH RENARD BOURNE

Address: 1439 GITTINGS AVE  
BALTIMORE MD 21239

Height: 5-09 Weight: 155 Race: 1 Sex: M Birth Date: 8/24/1981 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-A CDL		D	1		
Issue Date	Original Issue Date	Expiration Date	CDL Endorsement	Restrictions	Special Restrictions
06-11-18	07-31-15	08-24-20	N		

## Driver's License History and Convictions

Violation Date	Conviction Date	Disposition	Description	Points
11-10-16		MD20CDLAN	CDL LIC CANCELLED-LIC STATUS DOWNGRADED TO NON-COMMERCIA	
11-10-16		ISS DATE 073115		
11-10-16		ENDRS NONE		
11-10-16		REST NONE		
01-20-17		MD20CC111016	NEW LIC/ID ISSUED - PREVIOUS LIC/ID RECEIVED AND DESTROY	
10-05-18	- -	2018-07-09	CHILD SUPPORT SUSP LETTER RETURNED BY POSTAL AUTHORIT	
01-28-19	- -	2018-11-07	CHILD SUPPORT SUSP LETTER RETURNED BY POSTAL AUTHORIT	
01-28-19	- -	2018-11-07	CHILD SUPPORT SUSP LETTER RETURNED BY POSTAL AUTHORIT	
01-28-19	- -	2018-11-07	CHILD SUPPORT SUSP LETTER RETURNED BY POSTAL AUTHORIT	
03-12-19	- -	02-19-2019	MED CERT LETTER UNDELIVERED BY POSTAL AUTHORITY	
03-14-19	- -		CDL CANCELLATION/DOWNGRADE NOTICE MAILED	
04-08-19	- -	C30650051435 01	NOTICE OF SUSPENSION MAILED CHILD SUPPORT NON-COMPLIANC	
04-08-19	- -	C30830110447 01	NOTICE OF SUSPENSION MAILED CHILD SUPPORT NON-COMPLIANC	
04-23-19	- -	2019-04-08	CHILD SUPPORT SUSP LETTER RETURNED BY POSTAL AUTHORIT	
05-02-19	- -	C30650051435 01	CLEARANCE RECEIVED	
05-02-19	- -	C30830110447 01	CLEARANCE RECEIVED	
		RECORD END		

Total Points: 00

## CDL Suspension / Revocation History

Line Number	Effective Date	Suspension Type	Reason	Jurisdiction	Extent	Restored
EAL	121216	SUSPENSION	MISCELLANEOUS	MD	ALL	012017

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MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED DISCLOSURE OF INFORMATION  
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## CDL Medical Certificate

Medical Certificate Status	Issue Date	Expiration Date
C	2018-03-26	2020-03-26
Skills Performance Evaluation	Issue Date	Expiration Date
Waiver Type	Issue Date	Expiration Date
Certification Restrictions		Self Certification
None		NI

## Medical Examiner Name

	Truncated	Transliterated
First Name : CESAR	U	U
Middle Name :		
Last Name : ARIAS	U	U

## Medical Examiner Information

Licensing Jurisdiction/ Medical Examiner License Number  
MD/D0062367

Registry Number	Specialty	Phone
8808482687	MD	(410) 247-9595

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