

**Texas** **COMMERCIAL DRIVER LICENSE** USA TX

4d CDL **17389499** 9 Class **A**  
 4a Iss **03/11/2016** 4b Exp **06/18/2020**  
 3 DOB **06/18/1980**  
 1 **IBARRA**  
 2 **EFREN DIAS**  
 8 **263 SIEDEL RD**  
**BROOKSHIRE TX 77423-0000**  
 12 Restrictions **NONE** 9a End **NONE**  
 16 Hgt **5-03** 15 Sex **M** 18 Eyes **BRO**  
 5 DD **54215610135131037763**

*You la*

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Efren Ibarra in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

☐ wearing corrective lenses ☐ driving within an exempt intracity zone (49 CFR 391.62)  
☐ wearing hearing aid ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)  
☐ accompanied by a \_\_\_\_\_ waiver/exemption ☐ Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Wade McMorris</i>	TELEPHONE <b>281.934.1000</b>	DATE <b>7/14/15</b>
MEDICAL EXAMINER'S NAME (PRINT) <b>WADE MCMORRIS</b>	<input checked="" type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <b>K51021</b>	NATIONAL REGISTRY NO. <b>2121454953</b>	
SIGNATURE OF DRIVER <i>Efren Ibarra</i>	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF DRIVER <b>263 Siedel Rd. Brookshire TX</b>	DRIVER'S LICENSE NO. / STATE <b>17389499 TX</b>	
MEDICAL CERTIFICATE EXPIRATION DATE <b>JULY 14, 2018</b>		



**SHOW REPORT FOR TEXAS VEHICLE REGISTRATION****TEXAS VEHICLE INSPECTION REPORT**

Safety Only Inspection

**Vehicle Identification**

Test Date/Time: **09/02/2015, 15:50**  
Test and Type: Initial - Safety  
Insp.Type/Exp. Date: **CW - 09/30/2016**  
Version/Test Number: 1502/3815  
License Number: **1G80898**  
Vehicle ID Number: **1FUPCSZBXVP722637**  
Vehicle Make: FRHT  
Vehicle Model: FREIGHTLINER  
Vehicle Year/Type: **1997/Truck/Van**  
Engine Size/Cyl/Ign: //  
Authorization Number: **HDJDVGX0XKC22**  
Transmission/GVW: Standard/52000  
Odometer/Fuel Type: 47973/N

**Station Identification**

Station Name: GCR TIRE CENTER  
Station #/Analyzer: **2P42473/ES223538**  
Station Address: 1150 D KATY-FT BEND  
Station City: KATY  
Station Zip Code: 77493-0000  
Inspector First Name: TONY  
Inspector Last Name: ACUNA  
Safety Inspection Fee: 40.00  
Safety Repair Costs: --.  
Total Inspection Cost: 40.00

**Safety Test Results**

Safety Sequence: FMSCR vehicles

All Items Passed

Gas Cap Integrity: N/A

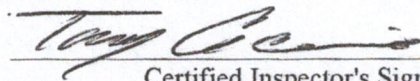
Safety Items: PASS

**Overall Result: PASS**

Vehicles that fail the safety test must be repaired and pass a retest before a safety certificate can be issued.

I certify that I have properly performed the emissions test according to state regulations and procedure manuals, and as the undersigned duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.

I have performed an annual inspection of the above noted vehicle, which is accurate, complete, and in accordance with the inspection criteria set forth in 49 Code of Federal Regulations, Chapter 396.17 through 396.21.



Certified Inspector's Signature



11G80898



1FUPCSZBXVP722637





## REGISTRATION RENEWAL RECEIPT

#712.  
FOR TxDOT

COUNTY: WALLER

PLATE NO: 1J82845

DOCUMENT NO: 23710141727102727

TAC NAME: ELLEN C. SHELburnE

DATE: 03/31/2016

TIME: 04:57PM

EMPLOYEE ID: RAMIREZ

EFFECTIVE DATE: 04/01/2016

EXPIRATION DATE: 3/2017

TRANSACTION ID: 23700142458165751

## OWNER NAME AND ADDRESS

EFREN DIAS IBARRA

P O BOX 654

263 SIEDEL

PATTISON, TX 77466

REGISTRATION CLASS: COMBINATION

PLATE TYPE: COMBINATION PLT

ORGANIZATION:

STICKER TYPE:

PREVIOUS PLATE NO: 1G80898

VEHICLE IDENTIFICATION NO: 1FUPCSZBXVP722637

YR/MAKE: 1997/FRHT MODEL: BODY STYLE: TR UNIT NO:

EMPTY WT: 19200 CARRYING CAPACITY: 60800 GROSS WT: 80000

BODY VEHICLE IDENTIFICATION NO:

VEHICLE CLASSIFICATION: TRK&gt;1

TRAVEL TRLR LENGTH: 0

INVENTORY ITEM(S)  
COMBINATION PLTYR  
2017

## FEES ASSESSED

COMBINATION PLT

REGISTRATION EMISSIONS FEE

REG FEE-DPS

CNTY ROAD BRIDGE ADD-ON FEE

AUTOMATION FEE

INSPECTION FEE-CW

\$	840.00
\$	84.00
\$	1.00
\$	10.00
\$	1.00
\$	22.00

TOTAL

\$ 958.00

METHOD OF PAYMENT AND PAYMENT AMOUNT:

CASH \$

600.00

CHARGE \$

358.00

## VEHICLE RECORD NOTATIONS

DIESEL

REBUILT SALVAGE - ISSUED BY

[IL]

HEAVY VEHICLE USE TAX VERIFIED

PAPER TITLE

MAJOR COLOR: BLACK

TOTAL AMOUNT PAID \$

958.00

**IMPORTANT DOCUMENT: Please retain for your records.**

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

Purchased registration remains with this vehicle and  
will not be refunded if the vehicle is sold.