

MEDICAL EXAMINER'S CERTIFICATE
certify that I have examined Harwinder Singh
Motor Carrier Cott
applicable, only when:
wedfing corrective !-
accompanied by a
accompanied by a Skill Performance Evaluation Certificate (SPE) qualified by operation of 49 CFR 391.64 driving within an exempt intracity zone (49 CFR 391.62)
Med. eff. date 08-27-12 Med. exp. date 08-27-70 The information I have provided as a second
The information I have provided regarding this physical examination is embodies my findings.
true and complete. A complete examination form with any attachment
embodies my findings completely and correctly, and is on file in my office
MEDICAL EXAMPLES
MEDICAL EXAMINER'S NAME (PRINT)
TITLE Physician (The
☐ Physician Assistant ☐ DO) ☐ Chiropractor Advanced Practice Registered Nurse
3209 W 0 - 106 W 0 - 0
STATE MEDICAL LICENSE OR CERTIFICATE NO. STATE OF IRRUPT
2121
MEDICAL LICENSE/CERTIFICATE ISSUE DATE MEDICAL LICENSE (SERVICENCE)
MEDICAL EXAMINERS SIGNATURE TELEPHONE NUMBER
- IFFC \\ \alpha = -
DL 51A (REV. 1/2012)

Californiausa

DRIVER LICENSE



DL D9183257

CLASS A

EXP 07/04/2025

END NONE

2663 N ELENDALE AVE FRESNO, CA 93722 FN HARWINDER LNSINGH

SEX M HGT 5'-11"

DD 09/29/2020215E4/AAFD/25 WGT 220 lb HAIR BLA

07041987

EYES BRN

10/06/2020

CALIFORNIA COMMERCIAL DRIVER LICENSE DL D9990432 CLASS A END NONE

RSTR NONE

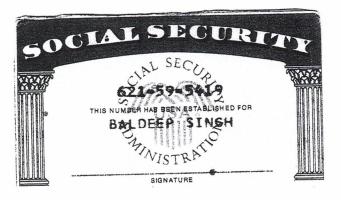
EXP 06/06/2015 LN DHINDSA FN BALDEEP SINGH 2066 N DELBERT AVE FRESNO, CA 93722 DOB 06/06/1990

06061990

BPLACE DI IN 054 DD 12/21/201250541/AAFD/15

EYES BLK

SEX M HGT 5'-09" WGT 150 lb ISS 12/21/2012



certify that I have examined boldsep Singh river License # D9990132 in accordance with the Federal lotor Carrier Safety Regulations (49 CFR 391.41-391.49) and with	-
nowledge of the driving duties, I find this person qualified; and, oplicable, only when:	(1)
wearing corrective lenses. wearing hearing aid. accompanied by a	n I
the information I have provided regarding this physical examination use and complete. A complete examination form with any attachme mbodies my findings completely and correctly, and is on file in my office (FOLD HERE)	
MEDICAL EXAMINER'S NAME (PRINT)	Ya.
David H. Anderson, DC	
TTLE ☐ Physician (☐ MD ☐ DO) A Chiropractor ☐ Physician Assistant ☐ Advanced Practice Registered Nur	se
3209 W. Shaw Ste. # 114, Fresno, CA 9	37
STATE MEDICAL LICENSE OR CERTIFICATE NO. STATE OF ISSUE	
MEDICAL LICENSE/CERTIFICATE ISSUE DATE MEDICAL LICENSE/CERTIFICATE EXPIRATION D 7-28-11 07-3[-12	ATE
MEDICAL EXAMINER'S SIGNATURE TELEPHONE NUMBER (\$5G) 224-497	

