1/29/25, 11:42 AM MVR -



DRIVER RECORD SERVICE REPORT FOR WISCONSIN

620153516

	REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
۸*	01/29/2025	PAR	305503	154430620	000	1

LICENSEE NA	ME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
MOHAMED, ISAAK ABI	DIKADIR	M5304019200107	CDL-A	VAL
1501 N 37TH ST MILWAUKEE, WI 53208-2319		DATE OF BIRTH	RESTRICTIONS	
		01/01/1992	CORR LENSES	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
06/01/2020	01/01/2029	Gender: M Height: 5 09 Weight: 130 Eye Color: BROW Hair Color: BLAC		

REPORT PREPARED FOR	COMMENT
	PAR
2663 KRISTEN ST	
LIVE OAK, CA 95953-2829	

This report is generated for insurance purposes only and may not be used for any other purpose. iiX does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. The use and dissemination of this report and the information contained therein must comply with your iiX agreement, the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state or service is provided through iiX "as-is", and any information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

MISCELLANEOUS AND STATE SPECIFIC INFORMATION DOB: LICENSE: M5304019200107 0601202001012029 CORR LENSES REQUESTED AS: CORR LENSES COMM:01: ACTIVE DESC: CDL COMBINATION VEHICLE > 26K,TOW > 10K CDL CLASS: A CDL STATUS: VAL DESC: VALID CDL ISSUED: 06/01/2020 CDL EXPIRES: 01/01/2029 CDL RESTR: CORR LENSES LIC TYPE: REGULAR LICENSE PRODUCT NBR: 26423201323 CONFIDENTIAL: N ORIGINAL ISSUE DATE: 05/11/2020 APPLICATION TYPE: CHANGE OF AUTHORITY COMM:02: ACTIVE VAL B DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K CDL CLASS: B CDL STATUS: VAL DESC: VALID COMM:03: ACTIVE CDL CLASS: C DESC: CDL SINGLE VEHICLE < 26K DESC: VALID L D DESC: OPERATOR CDL STATUS: VAL PERS:04: ACTIVE LIC CLASS: D LIC STATUS: VAL DESC: VALID ORGAN DONOR: N OPT OUT: N LAWFUL STATUS: U.S. CITIZEN ADDRESS UPDATED: 05/11/2020 ADDRESS UPDATED BY: DL ISSUE MED CERT: ACTIVE NI 0419202404192025 MD MED CERT1 STATUS: CERTIFIED MED CERT1 SELF CERT: NON-EXCEPTED INTERSTATE MED CERT1 ISSUED: 04/19/2024 MED CERT1 EXPIRES: 04/19/2025 MED CERT3 EXAMINER NAME: TAYLOR FISHER
MED CERT3 EXAMINER SPECIALTY: MEDICAL DOCTOR
MED CERT3 LICENSE JURISDICTION: NEW YORK MED CERT3 LICENSE NUMBER: 8152218743 MED CERT3 NATIONAL REG NUMBER: 352196 MED CERT3 TELEPHONE: (315)401-3204 MOVED FROM OHIO NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=? **DRIVING RECORD HISTORY TYPE** VIOL/SUSP CONV/REI DESCRIPTION CODE **POINTS** ** CLEAR RECORD **

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If you are an iiX Customer, and have questions contact:		Refer Consumer to:
iiX 1574 Crescent Pointe Pkwy College Station, TX 77845 Telephone: 1-800-683-8553		iiX-FCRA 1574 Crescent Pointe Pkwy College Station, TX 77845 Telephone: 1-866-560-7015
	*** END OF REPORT ***	