CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
03/07/24

DAK99933543K4Y9676211
DATE:03-07-24*TIME:11:54*
DL/NO:Y9676211*
B/D:06-27-2001*NAME:SINGH,NAVRAJ*
RES ADD AS OF 05-09-23:5089 CLOUD BURST WAY, ROSEVILLE 95747*
OTH ADD AS OF 12-10-22:3324 EL VALLE WAY, ANTELOPE*
IDENTIFYING INFORMATION:
SEX:MALE*HAIR:BLACK*EYES:BLK*HT:5-10*WT:150*
LIC/ISS:12-10-22* EXP:09-26-24*CLASS:A COMMERCIAL*
ENDORSEMENTS:
NONE*
MEDICAL EXPIRES:10-28-24*
MEDICAL CERTIFICATE INFORMATION:
ISSUE DATE: 10-28-22 EXPIRATION DATE: 10-28-24
STATUS CODE: C
MED EXAMINER NUMBER: CA 21217
MED REGISTRY NUMBER: 2390774355
SPECIALTY: CH MED EXAMINER PHONE NUMBER: 5592244977
MED EXAMINER NAME:
LAST NAME: ANDERSON
FIRST NAME: DAVID
MIDDLE NAME: H
MED CERT RESTRICTIONS: NONE
SPE EFF DATE: NONE
DRIVER WAIVER TYPE: NONE
SELF CERTIFICATION INFORMATION:
SELF CERTIFICATION CODE: NI
RESTRICTIONS:
E-CLASS A/B-LIMITED TO VEHICLE WITH AUTOMATIC TRANSMISSION*
COMMERCIAL LICENSE STATUS:
VALID*
LICENSE STATUS:
VALID*
DEPARTMENTAL ACTIONS:
NONE*
CONVICTIONS:
NONE*
FAILURES TO APPEAR:
NONE*
ACCIDENTS:
NONE*

* * * END * * *

543 030724 14 5412 DIR $ 5.00