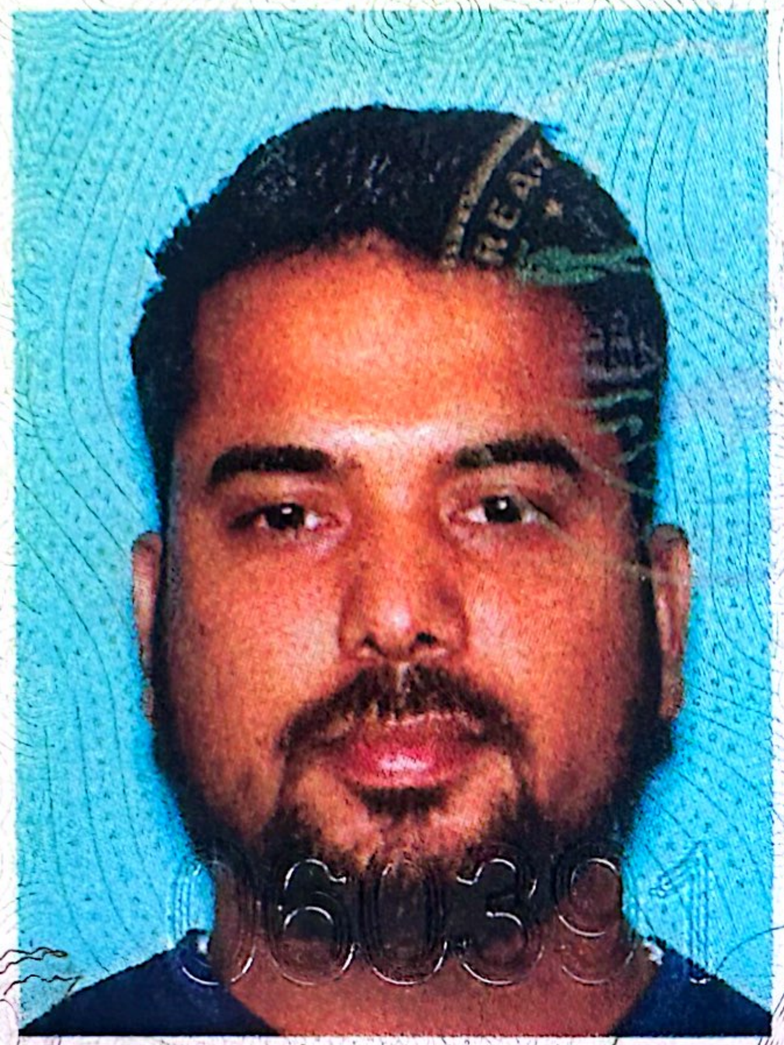
California USA

COMMERCIAL DRIVER LICENSE



DL Y1471130

EXP 10/20/2024

CLASS A

LIMITED-TERM

END NONE

LN PURI

FN SAJAN

1712 CARVER RD APT 206

MODESTO, CA 95350

DOB 06/03/1991

SP91

RSTR NONE

06031991

SEX M

HGT 5'-09"

HAIR BLK

WGT 165 lb

EYES BLK

SP91 ISS 10/17/2023

DD 09/01/202355727/AAFD/25

Sajan Puri

CLASS: A - Veh, Comb of Veh, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None

This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

Sayan Puri

060391

Rev 08/29/2017

23290Y14711300301

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Puri First Name: Sajan in accordance with *(please check only one)*:

☒ 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 *(check all that apply)* **OR**

○ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a ______ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: APR 19 2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (209) 824.3100

Date Certificate Signed: APR 19 2023

Medical Examiner's Name *(please print or type)*: Sandeep K. Sidhu

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner *(specify)* ______

Medical Examiner's State License, Certificate, or Registration Number: DC31450

Issuing State: California

National Registry Number: 8604794943

Driver's Signature: Sajan Puri

Driver's License Number: Y1471130

Issuing State/Province: CA

Driver's Address:
Street Address: 2496 S King Rod
City: San Jose
State/Province: CA
Zip Code: 95122

CLP/CDL Applicant/Holder: ☒ Yes ○ No

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Rev 3/29/22