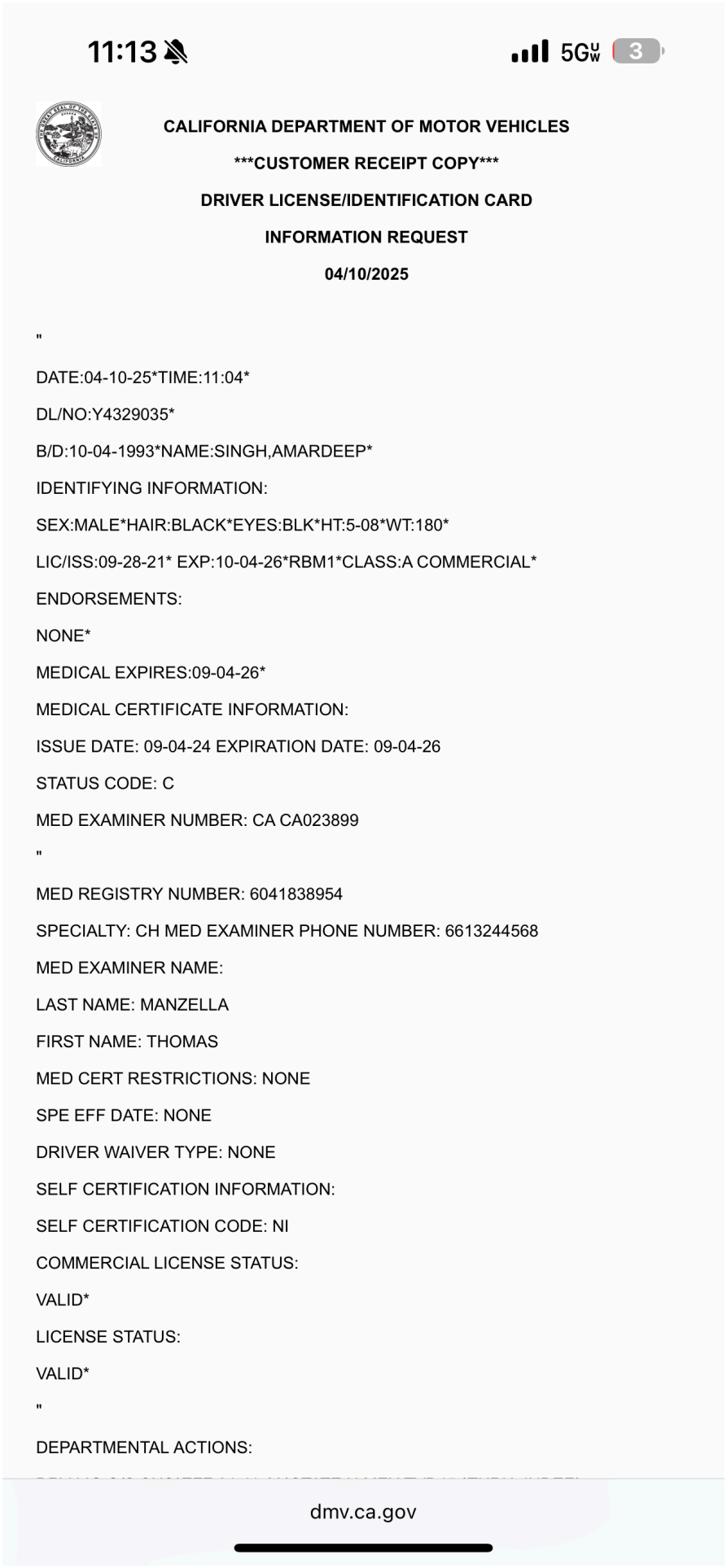

11:13 5G 3

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

*****CUSTOMER RECEIPT COPY*****

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

04/10/2025

"

DATE:04-10-25*TIME:11:04*

DL/NO:Y4329035*

B/D:10-04-1993*NAME:SINGH,AMARDEEP*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BLK*HT:5-08*WT:180*

LIC/ISS:09-28-21* EXP:10-04-26*RBM1*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:09-04-26*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 09-04-24 EXPIRATION DATE: 09-04-26

STATUS CODE: C

MED EXAMINER NUMBER: CA CA023899

"

MED REGISTRY NUMBER: 6041838954

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 6613244568

MED EXAMINER NAME:

LAST NAME: MANZELLA

FIRST NAME: THOMAS

MED CERT RESTRICTIONS: NONE

SPE EFF DATE: NONE

DRIVER WAIVER TYPE: NONE

SELF CERTIFICATION INFORMATION:

SELF CERTIFICATION CODE: NI

COMMERCIAL LICENSE STATUS:

VALID*

LICENSE STATUS:

VALID*

"

DEPARTMENTAL ACTIONS:

dmv.ca.gov