

PRINT DATE: 01/19/2026 CDL ABSTRACT TOTAL FEE PAID: \$7.00  
 TIME: 08:30:05 OPERATOR: INTERNET OFFICE: WEB

\*\*\*\*\*IDENTIFICATION INFORMATION\*\*\*\*\*

**Driver General Information**

First Name	Middle Name	Last Name	Suffix
KAMALPREET		SINGH	

SSN	Birth Date	Height	Sex	Eye Color
12676	06/25/1994	5-08	M	BRN

**Driver Mailing Address**

Street	City	State	ZIP
819 W 180TH ST 42	NEW YORK	NY	10033

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**Driver License Details**

State	Driver License	Issue Date	Expiration Date	CDL Class	Non-CDL Class	CDL Status	Non-CDL Status	19-A Status
NY	398026176	05/20/2025	06/25/2029	A	A	LICENSED	LICENSED	NOT APPLICABLE

Withdrawal Action Pending	TSA Hazmat Determination	Hazmat Expiration Date
NO	NOT APPLICABLE	

**License Endorsements**

TANK

**License Restrictions - All Expire On 06/25/2029**

TEMPORARY VISITOR

**Medical Certification**

Issue Date	Expiration Date	Skills Performance Evaluation Issue Date	Skills Performance Evaluation Expire Date	Med Waiver Exemption Issue Date	Med Waiver Exemption Expire Date
12/04/2025	12/04/2027				

**Medical Certification Status Code**

CERTIFIED

The Undersigned certifies, on behalf of the New York State Department of Motor Vehicles (DMV), that this document is a true and complete copy of an electronic record that is on file at DMV, in Albany, New York. This record was made in the ordinary course of DMV's regular business. It is the business of the DMV to create and maintain the records of drivers in the State of New York. Entries in this document are made contemporaneously with the time the recorded transactions or events took place, or within a reasonable time thereafter. The person who reports the information to record such transactions or events performs this function pursuant to a business duty to do so accurately.

ABS-8 (1/19)

*Mark J.F. Schroeder*

COMMISSIONER OF MOTOR VEHICLES

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**Self-Certification**

NON-EXCEPTED INTERSTATE

**Medical Examiner Detail**

First Name	Middle Name	Last Name	Federal Registry Number
LOVEENA		SINGH	4262021311
State Medical Number	Specialty	State	Phone
258923	MEDICAL DOCTOR	NY	(718) 554-6600

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions
0	0	0	0	1

**Activity**

Reciprocity On	08/12/2024	From State	CA
Reciprocity On	05/20/2025	From State	CA

License Surrendered Date	State Surrendered to	Returned to NY on
01/09/2025	CA	05/20/2025

\*\*\*\*\* END OF ABSTRACT \*\*\*\*\*

The Undersigned certifies, on behalf of the New York State Department of Motor Vehicles (DMV), that this document is a true and complete copy of an electronic record that is on file at DMV, in Albany, New York. This record was made in the ordinary course of DMV's regular business. It is the business of the DMV to create and maintain the records of drivers in the State of New York. Entries in this document are made contemporaneously with the time the recorded transactions or events took place, or within a reasonable time thereafter. The person who reports the information to record such transactions or events performs this function pursuant to a business duty to do so accurately.

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