



CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
05/09/24

DAK99933215K4B5134531
DATE:05-09-24*TIME:12:50*
DL/NO:B5134531*
B/D:04-01-1954*NAME:BARRING, PARAMJIT SINGH*
RES ADD AS OF 05-09-24:5888 S CHERRY AVE, FRESNO 93706*
OTH ADD AS OF 02-24-14:6012 S ELM, FRESNO*
AKA:
SINGH, JIT*BARRING, PARAM JIT SINGH*
IDENTIFYING INFORMATION:
SEX:MALE*HAIR:BLACK*EYES:BLK*HT:6-00*WT:242*
ID CARD MLD:08-02-94* EXP:04-01-00*
LIC/ISS:05-09-24* EXP:04-01-29*CLASS:A COMMERCIAL*
ENDORSEMENTS:
NONE*
MEDICAL EXPIRES:04-11-25*
MEDICAL CERTIFICATE INFORMATION:
ISSUE DATE: 04-11-24 EXPIRATION DATE: 04-11-25
STATUS CODE: C
MED EXAMINER NUMBER: CA DC25204
SPECIALTY: CH MED EXAMINER PHONE NUMBER: 5594401999
MED EXAMINER NAME:
LAST NAME: HAMM
FIRST NAME: GARY
MED CERT RESTRICTIONS: 1
SPE EFF DATE: NONE
DRIVER WAIVER TYPE: NONE
SELF CERTIFICATION INFORMATION:
SELF CERTIFICATION CODE: NI
RESTRICTIONS:
MUST WEAR CORRECTIVE LENSES WHEN DRIVING*
MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIAL*
COMMERCIAL LICENSE STATUS:
VALID*
LICENSE STATUS:
VALID*
DEPARTMENTAL ACTIONS:
NONE*
CONVICTIONS:
NONE*
FAILURES TO APPEAR:
NONE*
ACCIDENTS:
DATE/TIME LOCATION
02-07-17 13 *FRESNO COUNT
UPDATED:02-22-17*



VEH-LIC REPORT NO FR CASE NO
9F44116 94353017489