DRIVER HISTORY REPORT

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

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

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

05/16/2023

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DATE:05-16-23*TIME:13:03*

DL/NO:Y7161288*

B/D:10-27-1986*NAME:CULEV,IURI*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BROWN*EYES:GRN*HT:5-10*WT:180*

LIC/ISS:10-08-20* EXP:10-27-24*CLASS:A COMMERCIAL*

ENDORSEMENTS:

DOUBLES/TRIPLES,TANK VEHICLE*

MEDICAL EXPIRES:05-23-24*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 05-23-22 EXPIRATION DATE: 05-23-24

STATUS CODE: C

MED EXAMINER NUMBER: CA A86609

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MED REGISTRY NUMBER: 2936504639

SPECIALTY: MD MED EXAMINER PHONE NUMBER: 8188828100

MED EXAMINER NAME:

LAST NAME: SINHA

FIRST NAME: KAVITA

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*

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DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END