CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
07/22/2021
"
DATE:07-22-21*TIME:10:38*
DL/NO:D8976979*
B/D:07-23-1977*NAME:KANG,RAMAN SINGH*
IDENTIFYING INFORMATION:
SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-11*WT:190*
LIC/ISS:05-21-21* EXP:07-23-26*CLASS:A COMMERCIAL*
ENDORSEMENTS:
DOUBLES/TRIPLES*
MEDICAL EXPIRES:04-07-22*
MEDICAL CERTIFICATE INFORMATION:
ISSUE DATE: 04-07-20 EXPIRATION DATE: 04-07-22
STATUS CODE: C
MED EXAMINER NUMBER: CA 95012103
"
MED REGISTRY NUMBER: 2120798017
SPECIALTY: AN MED EXAMINER PHONE NUMBER: 5594992400
MED EXAMINER NAME:
LAST NAME: FINCALERO
FIRST NAME: FRANCISCO
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:
NONE*
CONVICTIONS:
NONE*
FAILURES TO APPEAR:
NONE*
ACCIDENTS:

DATE/TIME LOCATION VEH-LIC REPORT NO FR CASE NO
09-05-16 12 *STOCKTON WP50480 92650019387
UPDATED:10-03-16*
END