CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

CUSTOMER RECEIPT COPY

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

12/15/2021

"

DATE:12-15-21*TIME:13:34*

DL/NO:B8099389*

B/D:09-23-1990*NAME:SINGH,BARKAT*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:6-03*WT:160*

ID CARD MLD:08-18-04* EXP:09-23-09*

LIC/ISS:10-08-19* EXP:09-23-23*CLASS:A COMMERCIAL*

ENDORSEMENTS:

NONE*

MEDICAL EXPIRES:08-31-23*

ISSUE DATE: 08-31-21 EXPIRATION DATE: 08-31-23

"

STATUS CODE: C

MED EXAMINER NUMBER: IL IL38007208

MED REGISTRY NUMBER: 1360845328

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 7084892225

MED EXAMINER NAME:

LAST NAME: WILBURN

FIRST NAME: LOLITA

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*

COMMERCIAL LICENSE STATUS:

VALID*

"

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

VIOL/DT CONV/DT SEC/VIOL DKT/NO DISP COURT VEH/LIC

11-16-20 12-23-20 21718A VC JD16897 39460 XP59154

COMVEH OTH

UPDATED:12-24-20*

04-12-21 06-22-21 07 S C

UPDATED:06-24-21*

FAILURES TO APPEAR:

"

NONE*

ACCIDENTS:

NONE*

END