4/4/25, 1:19 PM MVR -



DRIVER RECORD SERVICE REPORT FOR WISCONSIN

632851236

	REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
0*	04/04/2025	PAR	305503	173172493	000	1

LICENSEE NA	ME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
ali, muhammad wa		A4005598546508	CDL-A	VAL
450 S WALL ST # 11A		DATE OF BIRTH	RESTRICTIONS	3
DENMARK, WI 54208-	8513	12/25/1985		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
03/06/2025	08/31/2026	Gender: M Height: 5 06 Weight: 185 Eye Color: BROW Hair Color: BLAC		

REPORT PREPARED FOR	COMMENT
	PAR
2663 KRISTEN ST	
LIVE OAK, CA 95953-2829	

This report is generated for insurance purposes only and may not be used for any other purpose. iiX does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. The use and dissemination of this report and the information contained therein must comply with your iiX agreement, the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state or service is provided through iiX "as-is", and any information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

MISCELLANEOUS AND STATE SPECIFIC INFORMATION DOB: LICENSE: A4005598546508 0306202508312026 REQUESTED AS: COMM:01: ACTIVE VAL DESC: CDL COMBINATION VEHICLE > 26K,TOW > 10K CDL CLASS: A CDL STATUS: VAL DESC: VALID CDL ISSUED: 03/06/2025 CDL EXPIRES: 08/31/2026 LIC TYPE: REGULAR LICENSE PRODUCT NBR: 43857203301 CONFIDENTIAL: N ORIGINAL ISSUE DATE: 11/25/2020 REAL ID: Y APPLICATION TYPE: REISSUE COMM:02: ACTIVE DESC: CDL SINGLE VEHICLE > 26K,TOW < 10K CDL CLASS: B CDL STATUS: VAI DESC: VALID COMM:03: ACTIVE VAL CDL CLASS: C DESC: CDL SINGLE VEHICLE < 26K CDL STATUS: VAL DESC: VALID PERS:04: ACTIVE D DESC: OPERATOR LIC CLASS: D LIC STATUS: VAL DESC: VALID ORGAN DONOR: N OPT OUT: Y LAWFUL STATUS: TEMPORARY VISITOR ADDRESS UPDATED: 09/29/2023 ADDRESS UPDATED BY: DL ISSUE NI 0919202409192025 MED CERT: ACTIVE AN MED CERT1 STATUS: CERTIFIED MED CERT1 SELF CERT: NON-EXCEPTED INTERSTATE MED CERT1 ISSUED: 09/19/2024 MED CERT1 EXPIRES: 09/19/2025 MED CERT3 EXAMINER NAME: KRISTIN M GARDON MED CERT3 EXAMINER SPECIALTY: ADVANCED PRACTICE NURSE MED CERT3 LICENSE JURISDICTION: WISCONSIN MED CERT3 LICENSE NUMBER: 8502 MED CERT3 NATIONAL REG NUMBER: 7966630796 MED CERT3 TELEPHONE: (920)660-3186 MOVED FROM NORTH DAKOTÁ NOTE Request match analysis: dI=Y, In=?, fn=?, dob=? **DRIVING RECORD HISTORY** VIOL/SUSP CONV/REI DESCRIPTION TYPE CODE **POINTS** ** CLEAR RECORD **

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you are an iiX Customer, and have questions contact: 674 Crescent Pointe Pkwy 68 Station, TX 77845		Refer Consumer to: iiX-FCRA 1574 Crescent Pointe Pkwy College Station, TX 77845
elephone: 1-800-683-8553		Telephone: 1-866-560-7015
	*** END OF REPORT ***	