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## DRIVER RECORD SERVICE REPORT FOR CALIFORNIA

627663632

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
03/10/2025	PAR	305503	165706268	000	1

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LICENSEE NAME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
RAITER ROBERT ARTHUR GLENN	E1664567	CDL-A	VALID
	DATE OF BIRTH	RESTRICTIONS	
	06/26/1993	01,46	
ISSUED	EXPIRES	DRIVER DESCRIPTION	
11/22/2023	06/26/2028	Height: 5'10 Weight: 170 Eye Color: HAZE Hair Color: BROW	

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

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### MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: RAITER DOB: LICENSE: E1664567  
 COMM:01: ACTIVE V A 1122202306262028 DT, HM, TV 01,46  
 CDL CLASS: A DESC: CDL COMBO VEHICLE > 26K, TOW > 10K  
 CDL STATUS: V DESC: VALID  
 CDL ISSUED: 11/22/2023  
 CDL EXPIRES: 06/26/2028  
 CDL RESTR: 01 DESC: MUST WEAR CORRECTIVE LENSES WHEN DRIVING.  
 CDL RESTR: 46 DESC: MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIALLY.  
 CDL ENDMT: DT DESC: DOUBLES/TRIPLES  
 CDL ENDMT: HM DESC: HAZARDOUS MATERIALS  
 CDL ENDMT: TV DESC: TANK VEHICLE  
 THIS LICENSE IS IN A SERIES THAT BEGAN ORIGINAL ISSUE ON 01/26/2006  
 PERS:02: ACTIVE V  
 LIC STATUS: V DESC: VALID  
 DRIVING STATUS: ELIGIBLE  
 MED CERT: UNKNOWN U 10162026  
 MED CERT1 SELF CERT: UNKNOWN  
 MED CERT1 EXPIRES: 10/16/2026  
 NOTE Request match analysis: dl=Y, ln=Y, fn=?, dob=?

### DRIVING RECORD HISTORY

TYPE	VIOL/SUSP	CONV/REI	DESCRIPTION	CODE	POINTS
VIOL	01/16/2023	07/03/2023	OPERATING MOTOR VEHICLE WHILE USING WIRELESS TELEPHONE WITHOUT A HANDS FREE DEVICE STATUTE: VC ACD CODE: M86 DOC#: TR00655 VEH LIC#: 87043K3 CT LOC: 04100	23123A	0
VIOL	10/17/2024	01/28/2025	FAIL TO STOP AT STOP SIGN INTERSEC/RR STATUTE: VC ACD CODE: M15 DOC#: 000SRM0 VEH LIC#: 9ESY941 CT LOC: 51460	22450A	1

If you are an iiX Customer, and have questions contact:

iiX  
1574 Crescent Pointe Pkwy  
College Station, TX 77845  
Telephone: 1-800-683-8553

Refer Consumer to:

iiX-FCRA  
1574 Crescent Pointe Pkwy  
College Station, TX 77845  
Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*