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(800) 683-8553

# DRIVER RECORD SERVICE REPORT FOR NEW YORK

642429763

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
05/08/2025	PAR	305503	186166692	000	1

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LICENSEE NAME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
KUMAR,ANIL 133 MEDFORD AVE PATCHOGUE NY 11772	458536513	CDL *A*	VALID
	DATE OF BIRTH	RESTRICTIONS	
	11/16/1998	NO MANUAL TRANSMISSION EQUIPPE	
ISSUED	EXPIRES	DRIVER DESCRIPTION	
08/21/2021	11/16/2025	Gender: M Height: 5-9 Eye Color: BLAC	

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

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\*\*\*\* Ordered from the iiX MVR Archive Database. Original Report Date was 04/18/2025. \*\*\*\*

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: DOB: LICENSE: 458536513  
 COMM:01: ACTIVE VALID CDL \*A\* 082120211162025 NONE NO MANUAL TRANSMISSION EQUIPPED  
 CDL CLASS: CDL \*A\* DESC: CDL COMBO VEH > 26K, TOW > 10K  
 CDL STATUS: VALID  
 CDL ISSUED: 08/21/2021  
 CDL EXPIRES: 11/16/2025  
 CDL RESTR: NO MANUAL TRANSMISSION EQUIPPED CMV  
 CDL ENDMT: NONE  
 NAME ON LICENSE/ID: KUMAR,ANIL  
 PROBATION START: 08/21/2021 END: 02/21/2022  
 CLIENT ID#: 458536XXX  
 COUNTY: SUFFOLK  
 MI #: K21484 00914 65725X-XX  
 \*\*\*\*\* ACTIVITY \*\*\*\*\*  
 CDL A 12/01/2023 ENDORSEMENTS: NONE  
 RESTRICTIONS: NO MANUAL TRANSMISSION EQUIPPED CMV  
 CDL A 09/27/2021 ENDORSEMENTS: NONE  
 RESTRICTIONS: NO MANUAL TRANSMISSION EQUIPPED CMV  
 CLASS CHANGE: 08/22/2021 NEW: \*D\* OLD: PERMIT  
 CLASS CHANGE: 09/27/2021 NEW: CDL \*A\* OLD: \*D\*  
 CLASS CHANGE: 10/27/2023 NEW: \*D\* OLD: CDL \*A\*  
 CLASS CHANGE: 12/01/2023 NEW: CDL \*A\* OLD: \*D\*  
 NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

## DRIVING RECORD HISTORY

TYPE	VIOL/SUSP	CONV/REI	DESCRIPTION	CODE	POINTS
** CLEAR RECORD **					

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 \*\*\*