

## Driving Record - WDLB1R6D623B

Abstract of Driving Record - Full  
This information is current as of 9/13/2025 11:19 AM

**CERTIFIED**

Driver Information	Address Information	License and ID Details
<b>DLN:</b> WDLB1R6D623B <b>Last:</b> SINGH <b>First:</b> CHANDANPREET <b>Middle:</b> <b>Suffix:</b> <b>DOB:</b> 01/13/1992 <b>Gender:</b> M	<b>Address on file</b>	<b>Personal Driver License:</b> <b>Status:</b> Licensed <b>Issue:</b> <b>Expire:</b> <b>Original issue:</b>  <b>Enhanced CDL Class A:</b> <b>Status:</b> Licensed <b>Type:</b> Replacement <b>Issue:</b> 07/14/2025 <b>Expire:</b> 01/13/2027 <b>Original issue:</b> 04/27/2015 <b>Self-certification:</b> Non-Excepted Interstate <b>Self-certification date:</b> 04/27/2015 <b>Medical certification:</b> Certified <b>Medical certification date:</b> 10/16/2024 <b>Downgraded:</b> 12/03/2026

Restrictions		
Description	Lic type	Code
No restrictions		
Reinstatements		
Requirement		
No requirements		

Endorsements	
Description	Code
No endorsements	
Fees	
Description	Amount
No fees	\$0.00

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Enhanced CDL Class A	07/14/2025	01/13/2027	WDLB1R6D623B	Replacement	Yes
CDL Class A	08/16/2022	01/13/2027	WDLB1R6D623B	Replacement	No
CDL Class A	02/08/2021	01/13/2027	WDLB1R6D623B	Renewal	No
CDL Class A	02/23/2019	02/28/2021	WDLB1R6D623B	Emergency Extension	No
CDL Class A	02/23/2019	01/13/2021	WDLB1R6D623B	Replacement	No
CDL Class A	10/21/2016	01/13/2021	SINGHC*089BL	Replacement	No
CDL Class A	04/27/2015	01/13/2021	SINGHC*089BL	Transfer	No

DLN History		
DLN	Start	End
WDLB1R6D623B	02/23/2019	
SINGHC*089BL	04/27/2015	02/23/2019

Nonresident Licenses	
Jurisdiction	License Number
California	F7856532

Collisions												
Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata 16+	Note
03/03/2024	Moving	EE55930		3	0	0			No	No	No	No

**CDL Medical Certification and Waiver Information**

**Issue date:** 10/16/2024  
**Expiration date:** 10/16/2026  
**Qualification status:** Medically Qualified  
**Qualification status date:** 16-Oct-2024

**Examiner name:** VALENTINA KULAKIVSKY  
**Examiner telephone:** 2537375333  
**Medical specialty:** MD  
**Examiner decision:** Qualified, Non-Excepted Interstate

**License/certification #:** MD00038912  
**Issuing state:** WA  
**National registry #:** 5090023944

**Medical Certificate History**

Issue Date	Expiration Date	Posted Date	Examiner Decision	Qualification Status	Qualification Status Date
16-Oct-2024	16-Oct-2026	14-Jul-2025	Qualified, Non-Excepted Interstate	Medically Qualified	16-Oct-2024
16-Oct-2024	16-Oct-2026	21-Oct-2024			
08-Nov-2022	07-Nov-2024	14-Nov-2022			
02-Dec-2020	02-Dec-2022	28-Jan-2021			
15-Jun-2018	15-Jun-2020	15-Jun-2018			
16-Jul-2016	16-Jul-2018	16-Jul-2016			

## Web Payment Invoice

This page is an invoice of the transaction that you have paid for.

Payment confirmation #: 0-101-327-507

Payment date: 13-Sep-2025

Process date: 13-Sep-2025

Payment type: Credit Card

Transaction		
Confirmation #	Description	Amount
0-101-327-507	Request driving record Record Type: Full	\$15.00
		<b>Total \$15.00</b>
		<b>Tendered \$15.45</b>