



Human Performance Attachment –Bus Driver CDLIS Report

Highland, IL

HWY23MH015

(3 pages)

History Search Results for RAYMOND PARADISE

/MO [REDACTED]

2023071317162853856A7E8WS

Driver General Information

First Name	Middle Name	Last Name	Suffix		
RAYMOND	CLARENCE	PARADISE	JR		
SSN	Birth Date	Height	Weight	Eye Color	Sex
XXXXXXXXX	[REDACTED]	509	260	BROWN	M

Mailing Address

Street	City	County	State	Zip	Country
[REDACTED]	O FALLON		MO	63366	

Alias 1

First Name	Middle Name	Last Name	Suffix		
RAYMOND	C	PARADISE			
SSN	Birth Date	State	Driver License		
	[REDACTED]	IL	[REDACTED]		

Alias 2

First Name	Middle Name	Last Name	Suffix		
SSN	Birth Date	State	Driver License		
		NV	1505519931		

Driver License Details

Jurisdiction	Driver License	Issue Date	Exp. Date	Commercial Class	
MO	[REDACTED]	2020-12-29	2026-[REDACTED]	B	
Non Commercial Class	Commercial Status	Non Commercial Status	Withdrawal Action Pending		
B	Licensed	Licensed	No		

Endorsements

Value
Passenger

Medical Certification

Issue Date	Expiration Date	SPE Issue	SPE Expiration	Med WE Issue	Med WE Expire Date
2023-04-24	2024-04-24				
Status Code	Self Certification				
Certified	Non-excepted Interstate				



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Medical Certificate Restrictions

Value

Corrective Lenses

Medical Examiner Detail

First Name	Middle Name	Last Name	Registry Number
ANJUM		RAZZAQUE	2649337535
Medical #	Specialty	State	Phone
[REDACTED]	Medical Doctor	MO	[REDACTED]

License Restrictions

Restriction	Expiration Date
No Class A passenger vehicle	
Corrective Lenses must be worn	

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions #
0	0	0	0	02

