

Motor Carrier Attachment Prestige Driver's CDLIS Report Schoharie, NY October 6, 2018 HWY19MH001

(3 pages)

History Search Results

Priver General Informa	tion			
First Name	Middle Name	La	ast Name	
SSN	Birth Date	Height	Weight	Eye Color
		510		BROWN

Mailing Address

Street	City	County	State	Zip

Driver License Details

Jurisdiction	Driver License	iver License Issue Date Exp. Date		Commercial Class	Non Commercial Class	Commercial Status	Non Commercial Sta
NY		2018-05-25	2026	Α	Α	Licensed	Licensed

Endorsements

Doubles/Triples

Value Tank

Medical Certification

l	Issue Date	Expiration Date	SPE Issue Date	SPE Expire Date	Med WE Issue Date	Med WE Expire Date	Status Code
	2017-09-06	2019-09-06					Certified

Medical Certificate Restrictions

Value

Corrective Lenses

Medical Examiner Detail

First Name SUSAN		Middle Name	Last Name		Registry Nun	nber
SUSAN			GOE			
Medical #	Spec	ialty		State		Phone
	Adva	nced Practice Nurse		NY		

License Restrictions

Restriction	Expira
Corrective Lenses must be worn CORRECTIVE LENSES	2026-

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions
0	1	1	0	01

Accidents

Accident Date	State	Severity	Driving CMV	Carrying Hazmat
2015-11-30	NY	Possible Injury Accident	Unknown	Unknown

Withdrawals

	Elig. Date	Rein. Date	Lir	inkage	Action	ACD Code	State	Basis	Extent	
l										

Effective			Withdrawal						Locator
Date			ID						Reference
2018-09- 06	2018-09-	2018-09- 07		Suspended	W00 - WITHDRAWN - NON-ACD VIOLATION	NY	Conviction	All	
00	07	07			VIOLATION				

Done Print

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