

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Duran **First Name:** Luis In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for Intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt Intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date**08/20/2022**

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature <u>Amberly Hardison PA-C</u>	Medical Examiner's Telephone Number <u>(478) 751-2900</u>	Date Certificate Signed <u>08/20/2020</u>
Medical Examiner's Name (please print or type) <u>Amberly Hardison, PA-C</u>	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>9060</u>	Issuing State <u>Georgia</u>	National Registry Number <u>5546429416</u>
Driver's Signature <u>Luis Duran</u>	Driver's License Number <u>656536742980</u>	Issuing State/Province <u>Florida</u>
Driver's Address Street Address: <u>5 AL CT</u>	City: <u>Macon</u> State/Province: <u>GA</u> Zip Code: <u>31217</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No

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