

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering existing data needed, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

OMB No. 2126-0006



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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) PREUSS (first name) HENRY In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.49) 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 391.41-41.49) 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 (specify type): ☐ Driving within an exempt intrastate 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)

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, as on file in my office.

Medical Examiner's Certificate Expiration Date

10/11/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Reid, Andrew

Medical Examiner's State License, Certificate, or Registration Number

FA9106515

Medical Examiner's Telephone Number

(954)941-6301

Date Certificate Signed

10/11/2022

☐ MD

☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify)

Working State

FL

National Registry Number

3310093158

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 1900 SW 8th St Apt E1002

Driver's License Number

FLP620395963711

Issuing State/Province

FL

CLP/CDL Applicant Holder

☒ Yes ☐ No

City: Miami State/Province: FL Zip Code: 33135-3372