MEDICAL EXAMINER'S CERTIFICATE

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) PERRY II (first name) MARK 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (specify type): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Grandfathered from State requirements (Iowa)

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

Medical Examiner's Certificate Expiration Date: 3-8-2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Rich D.C.

Medical Examiner's Telephone Number: 844-695-2782

Date Certificate Signed: 3-8-2023

Medical Examiner's Name (please print or type): DARYL L. SIOH

(●) MD ( ) DO ( ) Physician Assistant ( ) Chiropractor ( ) Advanced Practice Nurse ( ) Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: CH 8741

Issuing State: Florida

National Registry Number: 1888955894

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: P600-550-67-324-0

Issuing State/Province: FL

Driver's Address — Street Address: 22370 MADELYN PL

City: Charlotte

State/Province: FL

Zip Code: 33954

CDL/CDL Applicant/Holder: (●) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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