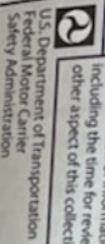


Public Burden Statement

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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:** Monello **First Name:** Michael 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
- ☐ Wearing hearing aid ☐ 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 (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, and is on file in my office.

Medical Examiner's Certificate Expiration Date
10-06-2022
Medical Examiner's SignatureMichael T. Monello**Medical Examiner's Name (please print or type)**Michael T. Monello**Medical Examiner's State License, Certificate, or Registration Number**TE0071079**Medical Examiner's Telephone Number**561-204-5111**Date Certificate Signed**10/06/2020

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing StateFL**National Registry Number**8473944905**Driver's Signature**[Signature]**Driver's Address**
 Street Address: 7899 Blairwood Cir S

 City: Lake Worth

 State/Province: FL

 Zip Code: 33467

 Yes ☐ No ☐
Driver's License NumberM540-550-87 244-0**Issuing State/Province**FL**CLP/CDL Applicant/Holder**

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