
Ohio

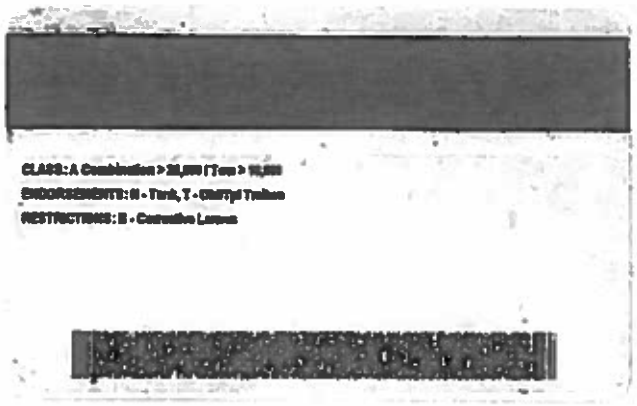
COMMERCIAL LICENSE

1 HEINRICH
2 NIELS A
WOODSTOCK AVE
FAIRVIEW PARK, OH 44126

LICENSE NO RU672846
BIRTHDATE 04-14-1957

CLASS A
EXPIRES 04-14-2022
ENDORS NT
RESTR

Sex M
Ht 5-08
Wt 180
Eyes BRO
Hair BRO


[redacted]
CLASS: A Combination > 26,000 [Tons > 10,000
ENDORSEMENTS: N - Tank, T - Chemical Tankers
RESTRICTIONS: B - Controlled Lenses
[redacted]

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 Heinrich First Name Niels 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)*

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: 06/10/2022

Medical Examiner's Signature

Medical Examiner's Telephone Number: (216)749-2730

Date Certificate Signed: 06/10/2020

Medical Examiner's Name *(please print or type)*: Richardson, Rhea

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

Medical Examiner's State License, Certificate, or Registration Number: 34.009384

Issuing State: OH

National Registry Number: 1060493496

Driver's Signature

Driver's License Number: RUB72846

Issuing State/Province: OH

Driver's Address

Street Address: 20936 Woodstock City: FAIRVIEW PARK State/Province: OH Zip Code: 44126

CLP/CDL Applicant/Holder: ● Yes ○ No

[illegible]

Medical Examiner's Certificate

I certify that I have examined Last Name: [illegible] First Name: [illegible] in accordance with:

- (●) 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 a[illegible]
- ( ) 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)

I find this person is qualified, and, if applicable, only when (check all that apply):

- [x] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a ________ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intra[illegible]
- [ ] Qualified by operation of 49 C[illegible]
- [x] Grandfathered from State requ[illegible]

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: [signature]

Medical Examiner's Name (please print or type): [illegible]

Medical Examiner's Telephone Number: [illegible]

Date Certificate Signed: [illegible]

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse

(●) DO ( ) Chiropractor ( ) Other Practitioner [illegible]

Issuing State: [illegible]

National Registry Number: [illegible]

[signature]

Driver's Signature

Driver's License Number: [illegible]

Issuing State/Province: [illegible]

Driver's Address

Street Address: [illegible]

City: FAIRVIEW PARK

State/Province: [illegible]

Zip Code: [illegible]

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

[illegible]