

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)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Simon (first name) Naboth 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____ | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

11/14/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Stuart, Mary B

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

2014005142

Medical Examiner's Telephone Number

(816)421-0750

Date Certificate Signed

11/14/2022

- | | | |
|--------------------------|--|--|
| <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) _____ |

Issuing State

MO

National Registry Number

7405800882

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Driver's License Number

026A248005

Issuing State/Province

MO

CLP/CDL

Street Address: 10716 N Campbell St City: Kansas City State/Province: MO Zip Code: 64155- ☒ Yes ☐ No

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