

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:** Evans **First Name:** Cody in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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 391.63 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 Date8-17-24**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)

JUSTIN PAELTZ, DC

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

12413

Medical Examiner's Telephone Number

817-259-1300

Date Certificate Signed8-17-24☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☒ Chiropractor☐ Other Practitioner (specify)**Issuing State**

Texas

National Registry Number☒ 2510355245**Driver's Signature****Driver's Address****Street Address:** 2030 US HWY 77**City:** Milford**State/Province:** Tx**Zip Code:** 76670**Driver's License Number**26919497**Issuing State/Province**Tx**CLP/COL Applicant/Holder**☒ Yes ☐ No

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