

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

I certify that I have examined Last Name: Lee 3rd First Name: Charles 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

04/20/2022

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

Raymond Iglecia, Jr

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

0101057390

Medical Examiner's Telephone Number

(757) 363-8888

Date Certificate Signed

04/20/2020

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

Issuing State

VA

National Registry Number

4326208268

Driver's Signature

[Signature]

Driver's Address

Street Address: 50 Colonial way

City: Chesapeake

Driver's License Number

B67218054

Issuing State/Province

VA

State/Province: VA

Zip Code: 23325

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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