

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

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) MCKINNEY (first name) DAVID 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 checked="" 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 391.63) (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 391.54 (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

1/18/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Dr. Byum Kim DC

Medical Examiner's Name (please print or type)

BYUM S. KIM D.C.

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

30749 - CA

Medical Examiner's Telephone Number

213-507-7530

Date Certificate Signed

1/18/2022

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

California

National Registry Number

7791444618

CMV DRIVER INFORMATION

Driver's Signature

David McKinney Jr

Driver's License Number

D2672462

Issuing State/Province

California

Driver's Address

Street Address: 23601 AVALON BLVD STE 201

City: CARSON

State/Province: CA

Zip Code: 90745

CLP/CDL Applicant/Holder

☒ Yes ☐ No