

**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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

## Medical Examination Report Form

(for Commercial Driver Medical Certification)

**MEDICAL RECORD #**

(or sticker)

**SECTION 1. Driver Information** (to be filled out by the driver)

**PERSONAL INFORMATION**

Last Name: Squires First Name: Richard Middle Initial: J Date of Birth: 05 27 1967 Age: 52  
 Street Address: 339 Beaumont Circle City: Naples State/Province: FL Zip Code: 34113  
 Driver's License Number: 5620 750 67 187 0 Issuing State/Province: FL Phone: 239 919 4258 Gender: ☒ M ☐ F  
 E-mail (optional): Rich.Squires0527@gmail.com CLP/CDL Applicant/Holder\*: ☒ Yes ☐ No  
 Driver ID Verified By\*\*: Squires  
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☒ Yes ☐ No ☐ Not Sure

\*CLP/CDL Applicant/Holder: See Instructions for definitions.

\*\*Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

**DRIVER HEALTH HISTORY**

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☐ No ☐ Not Sure

2 Heart Surgery 84-83  
 Pace Maker - 92  
 Weight Loss - 2013

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?  
 If "yes," please describe below.

☐ Yes ☐ No ☐ Not Sure

yes-  
 Amlodipine / Valsartan / HCT  
 10-320-25

(Attach additional sheets if necessary)

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

Last Name: Richard Source First Name: Richard DOB: 05/27/67 Exam Date: 12/2/19

**DRIVER HEALTH HISTORY (continued)**

Do you have or have you ever had:	Yes	No	Not Sure		Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:

☐ Yes ☐ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.

☐ Yes ☐ No ☐ Not Sure

CPAP Machine 2068  
Blood Pressure medicine for heart.

(Attach additional sheets if necessary)

**CMV DRIVER'S SIGNATURE**

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature] Date: [Signature]

**SECTION 2. Examination Report (to be filled out by the medical examiner)****DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)



Last Name: Sullivan First Name: Richard DOB: 05 27 1967 Exam Date: 12/2/19**TESTING**Pulse rate: 76 Pulse rhythm regular: ☒ Yes ☐ NoHeight: 5 feet 10 inches Weight: 240 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>124</u>	<u>78</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.30</u>	-	-	-
Second reading (optional)							

Other testing if indicated

98.0 Temporal

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

**Vision**

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/ <u>50</u>	20/ <u>20</u>	Right Eye: <u>80</u> degrees
Left Eye:	20/ <u>70</u>	20/ <u>20</u>	Left Eye: <u>80</u> degrees
Both Eyes:	20/ <u>40</u>	20/ <u>20</u>	

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision

Referred to ophthalmologist or optometrist?

Received documentation from ophthalmologist or optometrist?

**Hearing**

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither**Whisper Test Results**

Record distance (in feet) from driver at which a forced whispered voice can first be heard

Right Ear Left Ear

8 8

Yes No OR

**Audiometric Test Results**

Right Ear

Left Ear

500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>

Average (right): \_\_\_\_\_ Average (left): \_\_\_\_\_

**PHYSICAL EXAMINATION**

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

**Body System**

1. General

2. Skin

3. Eyes

4. Ears

5. Mouth/throat

6. Cardiovascular

7. Lungs/chest

Normal Abnormal

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐**Body System**

8. Abdomen

9. Genito-urinary system including hernias

10. Back/Spine

11. Extremities/joints

12. Neurological system including reflexes

13. Gait

14. Vascular system

Normal Abnormal


☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Grip strength testing: Right = 53, Left = 70. The patient's gait is normal and no antalgia is noted. The patient demonstrates no difficulty making transfers. The patient can toe/heel and perform Trendelenburg's test without difficulty. Cerebellar function tests are within normal limits. There is no sensory loss, motor loss, or loss of deep tendon reflexes. Palpation into the paraspinal muscles of the cervical, thoracic, and lumbar spine finds no pain or spasms. Temperature and vibratory sensation are intact. Valsalva's maneuver is unremarkable. Cervical range of motion is full and unrestricted. Thoracolumbar range of motion is full and unrestricted. All orthopedic tests to the cervical spine and all orthopedic tests to the lumbar spine are unremarkable. The patient is oriented X 3. There is no wrist or ankle clonus. No weakness is noted in the EHL.

BMI 34 C C per not use

(Attach additional sheets if necessary)


**Florida** **CDL** 



4d DLN **S620-750-67-187-0** 9 CLASS **A**

1 **SQUIRES**  
2 **RICHARD JOHN, JR**  
3 **338 BRADSTROM CIR A103**  
4 **NAPLES, FL 34113**

3 DOB **05/27/1967** 15 SEX **M**  
4b EXP **05/27/2023** 16 HGT **5'-11"**  
12 REST **A** 9a END **NT**

4a ISS **05/04/2015**  
5 DD **F711809120049**  
REPLACED **09/12/2018**


  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.



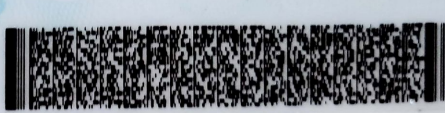
REST: A-Corr Lenses

END: N-Tanker, T-Db/Trpl Trailers  
CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 lbs. or more

The state of FL retains all property rights herein.



05/27/1967





# Florida

CBL

USA



CLASS A

4a DEN S620-750-67-187-0

1 SQUIRES

2 RICHARD JOHN, JR  
8338 BRADSTROM CIR A103  
NAPLES, FL 34113

3 DOB 05/27/1967 15 SEX M

4b EXP 05/27/2023 16 HGT 5'-11"

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09/12/2018



REST: A-Corr Lenses

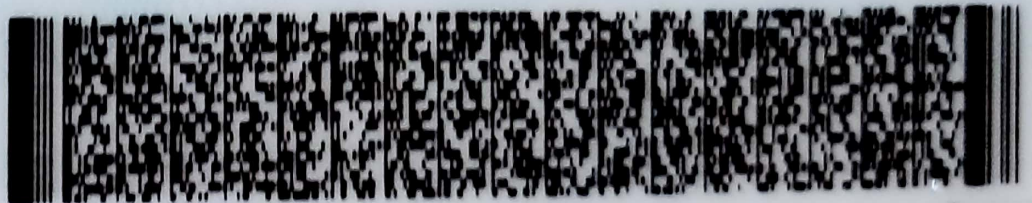
END: N-Tanker, T-DbI/Trpl Trailers

CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 lbs. or more

The state of FL retains all property rights herein.



05/27/1967



Last Name: SMITHS First Name: Richard DOB: 05/27/1967 Exam Date: 12/2/19

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

**MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): \_\_\_\_\_
- ☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☐ Meets standards, but periodic monitoring required (specify reason): \_\_\_\_\_
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): \_\_\_\_\_
- ☒ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Driving within an exempt Intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): \_\_\_\_\_
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): \_\_\_\_\_
- ☐ Medical Examination Report amended (specify reason): \_\_\_\_\_
- (if amended) Medical Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Incomplete examination (specify reason): \_\_\_\_\_

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: Michael Siefman

Medical Examiner's Name (please print or type): Michael Siefman

Medical Examiner's Address: 3940 Radio Rd #105 City: Naples State: FL Zip Code: 34104

Medical Examiner's Telephone Number: 2392619199 Date Certificate Signed: 12/2/19

Medical Examiner's State License, Certificate, or Registration Number: CH 4822 Issuing State: FL

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

National Registry Number: 6629387114Medical Examiner's Certificate Expiration Date: 12/2/21

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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: Squires Jr First Name: Richard 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

12/2/21

Medical Examiner's Signature

Michael Siefman

Medical Examiner's Name (please print or type)

Michael Siefman

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

CA 4822

Medical Examiner's Telephone Number

239 261 9199

Date Certificate Signed

12/2/19

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

Issuing State

FL

National Registry Number

6629387114

Driver's Signature

[Signature]

Driver's License Number

S620750671870

Issuing State/Province

FL

Driver's Address

Street Address: 338 Broadview Cir #4103 Naples

State/Province: FL

Zip Code: 34113

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
www.flhsmv.gov

Driver Record # S620-750-67-187-0  
RICHARD JOHN SQUIRES JUNIOR

As of January 31, 2020 at 4:40:27 PM, Driver Privilege S620-750-67-187-0 is VALID.  
Personal Information Is Protected Pursuant To The Driver Privacy Protection Act. Entries Below Are A Three Year Record.

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Suffix</u>	<u>Date Of Birth</u>	<u>Sex</u>	<u>Height</u>	<u>Race</u>
RICHARD	JOHN	SQUIRES	JUNIOR	05-27-1967	M	5' 11"	Caucasian

<u>Residential Address</u>	<u>County</u>	<u>Mailing Address</u>	<u>County</u>
338 BRADSTROM CIR #A103 NAPLES, FL 34113	COLLIER	338 BRADSTROM CIR #A103 NAPLES, FL 34113	COLLIER

Current License Type

Class A - Trucks or truck combinations weighing with a Gross Vehicle Weight Rating of 26,001 lbs.

<u>Original License Issued</u>	<u>Original CDL Issued</u>	<u>Prior State and Driver License Number</u>
05-04-2015	05-04-2015	

<u>License Type</u>	<u>Status</u>	<u>Issue Date</u>	<u>Expiration Date</u>
Commercial Driver License (Class A)	Valid	05-04-2015	05-27-2023

Issuance History

Class A Replacement	12-30-2015
Class A CDR/CDT Clearance	06-12-2017
Class A Replacement	09-12-2018

Exams

<u>Vision</u>	<u>Signs</u>	<u>Rules</u>	<u>Driving</u>	<u>Motorcycle Rules</u>	<u>Motorcycle Skills</u>
1 Attempt	1 Attempt	1 Attempt	1 Attempt	0 Attempts	0 Attempts
Pass	Reciprocated	Reciprocated	Reciprocated		
05-04-2015	05-04-2015	05-04-2015	05-04-2015		

CDL Exams

<u>Vision</u>	<u>General</u>	<u>Air</u>	<u>Double/Triples</u>	<u>Tank</u>	<u>Passenger</u>
1 Attempt	1 Attempt	1 Attempt	1 Attempt	1 Attempt	0 Attempts
Pass	Reciprocated	Reciprocated	Reciprocated	Reciprocated	
05-04-2015	05-04-2015	05-04-2015	05-04-2015	05-04-2015	

<u>Pre-Trip</u>	<u>Skills</u>	<u>Basic</u>	<u>School Bus</u>	<u>Combination Vehicles</u>	<u>Hazardous Material</u>
1 Attempt	1 Attempt	1 Attempt	0 Attempts	1 Attempt	0 Attempts
Reciprocated	Reciprocated	Reciprocated		Reciprocated	
05-04-2015	05-04-2015	05-04-2015		05-04-2015	

Restrictions

A - Corrective Lenses

Endorsements

N - Endorsed for Operating Tank Vehicles  
T - Endorsed for Operating Vehicles with Double/Triple Trailers



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
www.flhsmv.gov

Driver Record # S620-750-67-187-0  
RICHARD JOHN SQUIRES JUNIOR

Special Driver Information

REAL ID Compliant  
US Citizen  
Record appears in National Driver Register  
Blocked Personal Information  
Blocked for Mailing List  
Person has a Digital Image  
Eligible to elect driver school. Driver has made 0 elections. Violations committed while a CDL Holder or in a CMV vehicle are not eligible for driving school election.  
Record Appears in CDLIS  
(A) Non-Excepted Interstate. Operate or expect to operate in interstate commerce and is required to maintain federal medical certification. (Medical Card Required - Not Valid After midnight 12-02-2021.)

Sanction Information

\* Notices are mailed to the last address provided to our agency pursuant to s.322.251, F.S. In most cases the notice is mailed 20 days before the sanction begins. However, there are some exceptions. 1) When court orders a sanction, the notice is mailed after we receive the information, although the sanction is effective on the conviction date; or 2) When a law enforcement agency provides the notice upon an arrest, a notice will not be mailed from DHSMV.

\*\* Action Required: If "Yes" You Must Meet Certain Requirements To Reinstate That Sanction; If "No" You Have Complied With All The Requirements And Nothing Further Is Needed From You; If "N/A" Reinstatement Is Not Allowed For This Sanction.

Sanctions

** Action Required	Effective Date	County	State	Length	Description	Added To Record Date	* Notice Provided Date	Requirements Completed Date
No	05-07-2017		NY	Indefinite	FAIL TO COMPLY TRAFFIC SUMMONS WITHDRAWAL TYPE: SUSPENDED REASON: 151 LOCATION: Z3C395RGNNV BASIS: ADMINISTRATIVE ACTION	05-18-2017		06-12-2017

Violations

Violation Number	Offense Date	Disposition Date	County	State	Points	Citation#	Description	Added To Record	CMV	School Elected
22	09-21-2018	10-16-2018		VA	3	0000	FAILURE TO KEEP IN PROPER LANE COMMERCIAL MOTOR VEHICLE DISPOSITION WAS GUILTY	10-19-2018	YES	No





STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # S620-750-67-187-0  
CHARD JOHN SQUIRES JUNIOR

Any Out Of State Traffic Violations Reported Will Be Reflected On The Driver Record And Points Assessed In Accordance With Florida Statutes.

Operation Of A Motor Vehicle Constitutes Consent To Any Sobriety Test Required By Law.

Replacement License Required Within 30 Days Of Address Or Name Change.

In Compliance With Section 322.201, F.S., I Robert R. Kynoch, Director, Division Of Motorist Services, Department Of Highway Safety And Motor Vehicles, State Of Florida, Do Hereby Certify That I Am The Custodian Of The Records Of Said Division Of Motorist Services And That This Is A True And Correct Transcript Of The Above Named Subject's Driving Record As Taken From The Official Records On File In This Department.

Robert R. Kynoch  
Director

For Information On How To Read This Transcript Please Go To <http://www.flhsmv.gov/ddl/readingfldriverrecord.pdf>

For Frequently Asked Questions, Please Go To [http://www.flhsmv.gov/ddl/abstract\\_questions.html](http://www.flhsmv.gov/ddl/abstract_questions.html)