

Form MCSA-5875

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.

OMB No. 2125-0006

Expiration Date 3/31/2025

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond, 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 2125-0006. 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 Office, Federal Motor Carrier Safety Administration, MC-49FA, 1200 New Jersey Avenue, SE, Washington D.C. 20590



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: WILEY First Name: TREVON 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 the 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 (State)
- ☐ 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 to be filed in my office.

Medical Examiner's Certificate Expiration Date

Jan 20, 2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name

Medical Examiner State Lic, Certificate, or Reg. Number

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street 7924 Georgia Jack Ct. Jacksonville, FL

Medical Examiner Phone Number

904-387-4151

Date Certificate Signed

1/20/23☐ MD ☐ Physician Assistant ☐ Advanced Practical Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify)

Issuing State

Florida

National Registry Number

2346296690

Driver's Lic. Number

W400804953630

Issuing State/Province

FL

State

FL

Zip Code

32244

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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