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OMB No.: 2126-0006 Expiration Date: 03/31/2025

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)* Ferguson *(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 ☐ Accompanied by a waiver/exemption *(specify type)*: \_\_\_\_\_
- ☐ 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)*

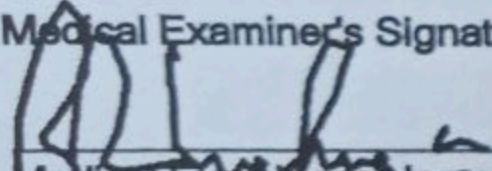
The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

06/02/2025

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature


Medical Examiner's Name *(please print or type)*

Kuehne, Richard

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

ME39815

Medical Examiner's Telephone Number

(941)755-2562

Date Certificate Signed

06/02/2023

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

Issuing State

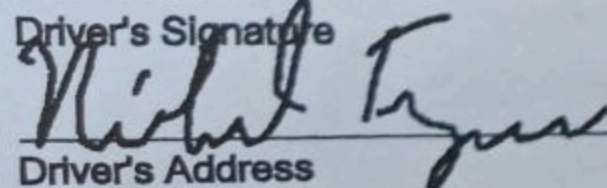
FL

National Registry Number

7384596633

**CMV DRIVER INFORMATION**

Driver's Signature



Driver's Address

Street Address: 1108 72nd st nw

City: Bradenton

Driver's License Number

F622744831450

Issuing State/Province

FL

CLP/CDL

State/Province: FL Zip Code: 34209 ☒ Yes ☐ No

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