

## 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) \_\_\_\_\_ (first name) \_\_\_\_\_ Sidi \_\_\_\_\_ 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 (specify type): \_\_\_\_\_ ☐ 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

10/30/2025

## MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(317)856-2945

10/30/2023

Medical Examiner's Name (please print or type)

Pebror, Travis

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

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

01088961A

Issuing State

IN

National Registry Number

3794223582

## CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

N360766566998

MI

Driver's Address

Street Address: 5539 Rue Royale Apt E

City: Indianapolis

State/Province: IN

Zip Code: 46227-

CLP/CDL

☒ Yes ☐ No

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