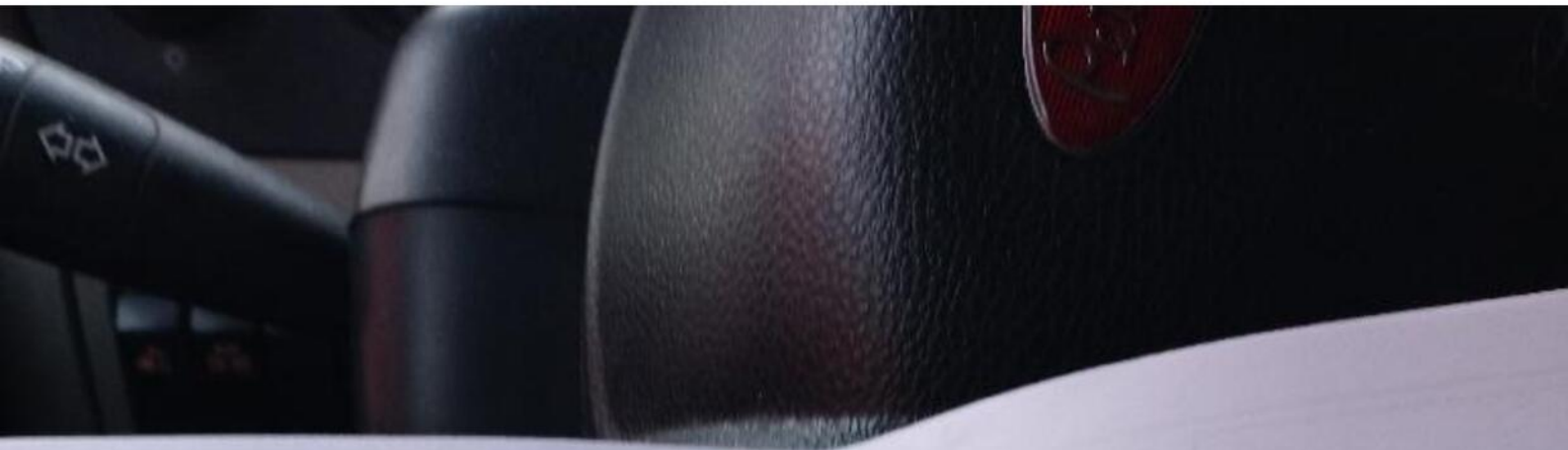

Form MCSA-5876

OMB No. 2126-0006 Expiration Date 11/30/2022

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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:** Moore **First Name:** Charles 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] 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: 5-14-2023

Medical Examiner's Signature: John D Smiley

Medical Examiner's Telephone Number: (918) 422-6118

Date Certificate Signed: 5-14-2021

Medical Examiner's Name *(please print or type)*: JOHN D SMILEY, D.C.

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 2567

Issuing State: Oklahoma

National Registry Number: 7331993112

Driver's Signature: Charles Moore

Driver's License Number: PX736996

Issuing State/Province: Ohio

Driver's Address
Street Address: 1910 S. River Rd **City:** Zanesville **State/Province:** OH **Zip Code:** 43701

CLP/CDL Applicant/Holder? (X) Yes ( ) No

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