

Form MCSA-5876

Public Burden Statement

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

OMB No. 2126-0006 Expiration Date: 11/30/2021

Medical Examiner's Certificate
(for Commercial Driver's License)

I certify that I have examined **Last Name: Thompson** **First Name: Patrick** 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.

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption

☐ 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)

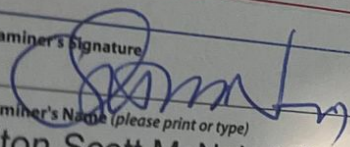
☐ Grandfathered from State requirements (State)

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

10/5/22

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

Charlton Scott McNair, MD

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

9701057

Medical Examiner's Telephone Number

704.338.1268

Date Certificate Signed

10/5/2020

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify) _____

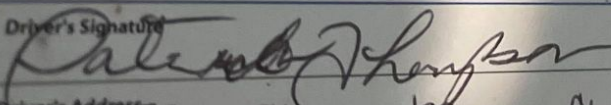
Issuing State

North Carolina - NC

National Registry Number

8284035688

Driver's Signature



Driver's License Number

D000 35927465

Issuing State/Province

NC

Driver's Address

1326 Glenmont Dr

City: Charlotte

State/Province: NC

Zip Code: 28227

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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