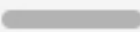
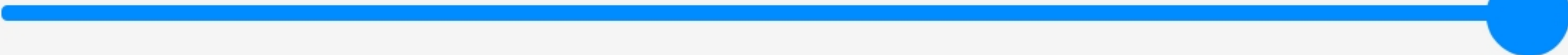


Ringtone



Form MCSA-5876

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, 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 one minute 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 Officer, Federal Motor Carrier Safety Administration, MC-RSA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

OMB No. 2125-0006 Expiration Date: 3/31/2025

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Paul** **First Name: Darius** 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 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 be only 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)(Federal)

☐ Grandfathered from State requirement (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
11/14/2024

Medical Examiner's Signature 	Medical Examiner's Telephone Number 979-599-5900	Date Certificate Signed 11/14/2022
Medical Examiner's Name (please print or type) Eme Odokama, NP	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number AP138953	Issuing State TX	National Registry Number 1107912251

Driver's Signature 	Driver's License Number 22500168	Issuing State/Province TX
Driver's Address Street Address: 2121 E. William Joe Bryan Pkwy, P.O.Box 3132 City: Bryan State/Province: TX Zip Code: 77805		CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No

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Rev 3/29/22