

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) Stebens (first name) Anthony 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-5873, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

12/17/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Candice Forte Medical Examiner's Telephone Number: 501-214-7177 Date Certificate Signed: 12/17/2022

Medical Examiner's Name (please print or type): CANDICE FORTE

Medical Examiner's State License, Certificate, or Registration Number: 125422

Issuing State: Arkansas National Registry Number: 1736136630

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

CMV DRIVER INFORMATION

Driver's Signature: AS S Driver's License Number: 051472315 Issuing State/Province: GA

Driver's Address: Street Address: 627 Amber Place City: Atlanta State/Province: GA Zip Code: 30351

CLP/CDL Applicant/Holder: Yes No

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