

Public Notice Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this collection of information is 2120-0036. Public reporting burden for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, gathering the data needed, reviewing the collection of information, completing and reviewing the collection of information, sending the collection of information, and completing and reviewing the collection of information. 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 Officers, Federal Motor Carrier Safety Administration, 1215 4th St., NW, Washington, DC 20590.



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 Mead First Name Michael 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 ☐ 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
03/12/2022

Medical Examiner's Signature Medical Examiner's Name (please print or type) Craig, Julie Medical Examiner's State License, Certificate, or Registration Number AP141345	Medical Examiner's Telephone Number (254) 772-2777 <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) _____ Issuing State TX National Registry Number 3350569825	Date Certificate Signed 03/12/2020
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Driver's Signature Driver's Address Street Address: <u>1901 S 1st St Aa-235-19</u> City: <u>Temple</u> State/Province: <u>TX</u> Zip Code: <u>76504</u>	Driver's License Number <u>16366400</u> Issuing State/Province <u>TX</u>	CLP/CDL Applicant Holder <input checked="" type="radio"/> Yes <input type="radio"/> No
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This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Public Burden Statement

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☐ 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> Grandfathered from State requirements (State) |

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Medical Examiner's Certificate Expiration Date

03/12/2022

Medical Examiner's Signature

Medical Examiner's Telephone Number Date Certificate Signed

(254) 772-2777

03/12/2020

Medical Examiner's Name (please print or type)

Craig, Julie

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

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

AP141345

Issuing State

TX

National Registry Number

3350569825

Driver's Signature

Driver's License Number

16366400

Issuing State/Province

TX

Driver's Address

Street Address: 1901 S 1st St Aa-235-19

City: Temple

State/Province: TX

Zip Code: 76504-

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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