

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)

- I certify that I have examined Last Name: Boone First Name: Travis 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 _____ walver/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 Date2/24/24**Medical Examiner's Signature****Medical Examiner's Name (please print or type)**Robin Neal, CRNP**Medical Examiner's State License, Certificate, or Registration Number**1-083994**Medical Examiner's Telephone Number**256-382-3680**Date Certificate Signed**2/24/22

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

Issuing StateAlabama**National Registry Number**3744407210**Driver's Signature****Driver's License Number**7893354**Issuing State/Province**AL**Driver's Address**

Street Address: 5025 Blue springs rd nw City: Huntsville State/Province: AL Zip Code: 35810 CLP/CDL Applicant/Holder ☒ Yes ☐ No