

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 if it lacks a valid OMB Control Number. The OMB Control Number for this information collection is 2706-0006. Public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering the data needed, 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 Office, Federal Motor Carrier Safety Administration, MC-800, 1215 New Jersey Avenue, SE, Washington, D.C. 20090.



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

Medical Examiner's Certificate

(Re Commercial Driver Medical Certificate)

In accordance with (please check only one):

I certify that I have examined Last Name: Anderson First Name: George 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)
- ☐ I find this person is qualified, and, if applicable, only when (check all that apply)
- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.66 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

06/02/2024

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.

Date Certificate Signed

06/01/2023

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

James A. Mark

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

70112363

Medical Examiner's Telephone Number

(252) 991-0555

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

Issuing State

North Carolina

National Registry Number

8332432294

Issuing State/Province

North Carolina

Driver's License Number

27949293

State/Province

NC

Zip Code

27915

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Driver's Signature

Driver's Address

Driver's Address

George Anderson

1001 Grand Oaks Rd

City Columbia