OMB No. 2126-0006 Expiration Date: 9/30/2019

5876

ic Burden Statement

deral 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 collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, ding 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 aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

nt of Transportation
Carrier
nistration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

t I have examined **Last Name:** Flemming **First Name:** Jovi in accordance with *(please check only one)*:

eral 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**

eral 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, s person is qualified, and, if applicable, only when *(check all that apply)*:

- ☐ earing corrective lenses
- ☐ earing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

tion I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 3-13-2025

miner's Signature [signature]

Medical Examiner's Telephone Number: 941-726-6300

Date Certificate Signed: 3-13-2023

miner's Name *(please print or type)*: D.C.

- ○ MD
- ○ DO
- ○ Physician Assistant
- ◉ Chiropractor
- ○ Advanced Practice Nurse
- ○ Other Practitioner *(specify)* _____

miner's State License, Certificate, or Registration Number

Issuing State: Florida

National Registry Number: 2234299946

ature [signature]

Driver's License Number: F636-430-326-0 **Issuing State/Province:** FL

CDL Applicant/Holder

: 2245 Penguin Ln **City:** North Port **State/Province:** FL **Zip Code:** 34287 ○ Yes ○ No

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