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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: Horton First Name: Trinnie in accordance with (please check one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person 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 be only 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 requirement (State)                      |

The information I have provided regarding this physical examination is true and complete. A complete Medical Examiner's Report Form, MCSA-5875, with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate  
Expiration Date  
11/19/2023

Medical Examiner's Signature

*Penn M. Russo-Going*

Medical Examiner's  
Telephone Number

832-300-2626

Date Certificate Signed

11/19/2021

Medical Examiner's Name (please print or type)

Penni M. Russo-Going, MD

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> MD | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Advanced Practice Nurse |
| <input type="checkbox"/> DO            | <input type="checkbox"/> Chiropractor        | <input type="checkbox"/> Other Practitioner:     |

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

M0549

Issuing State

TX

National Registry Number

9257538021

Driver's Signature

*[Signature]*

Driver's License Number Issuing State/Province

05691378

TX

Driver's Address

Street Address: 11847 Springs Corne Drive  
City: Houston State/Province: TX Zip Code: 77099

CLP/CDL  
Applicant/Holder

Yes ☒ No ☐

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