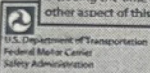


## Public Burden Statement

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 subject to the requirements of the Paperwork Reduction Act unless that 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, including 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 other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-HRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Allen **First Name:** Darius 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

11/15/2021

## Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Drumm, Larry

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

DO174683

## Medical Examiner's Telephone Number

(503)256-2992

## Date Certificate Signed

11/15/2021

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

## Issuing State

OR

## National Registry Number

6689047387

## Driver's Signature

## Driver's Address

Street Address: 22701 NE Halsey St Apt 138

City: Fairview

State/Province: OR

Zip Code: 97024-2708

## CLP/CDL Applicant/Holder

☒ Yes ☐ No

## Driver's License Number

055497840

## Issuing State/Province

GA

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