OMB No. 2126-0006 Expiration Date: 03/31/2025

Form MCSA-5876

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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:** Silz **First Name:** Mark in accordance with (*please check only one*):

- [x] the Federal Motor Carrier Safety Regulations [redacted] 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 [redacted] 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*):

- [x] Wearing corrective lenses
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Driving within an exempt intracity zone [redacted] (Federal)
- [ ] Wearing hearing aid
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Qualified by operation of [redacted] (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: 07/21/2024

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (870) 773-7246

Date Certificate Signed: 07/21/2022

Medical Examiner's Name (*please print or type*): Matt Brandon

- [ ] MD
- [ ] Physician Assistant
- [x] Advanced Practice Nurse
- [ ] DO
- [ ] Chiropractor
- [ ] Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: A004194

Issuing State: AR

National Registry Number: 7175015835

Driver's Signature: [signature]

Driver's License Number: 4840-10-9783

Issuing State/Province: IN

Driver's Address
Street Address: 242 County Road 361 City: Brookeland State/Province: TX Zip Code: 75931

CLP/CDL Applicant/Holder: [x] Yes [ ] No

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Rev
9/29/22