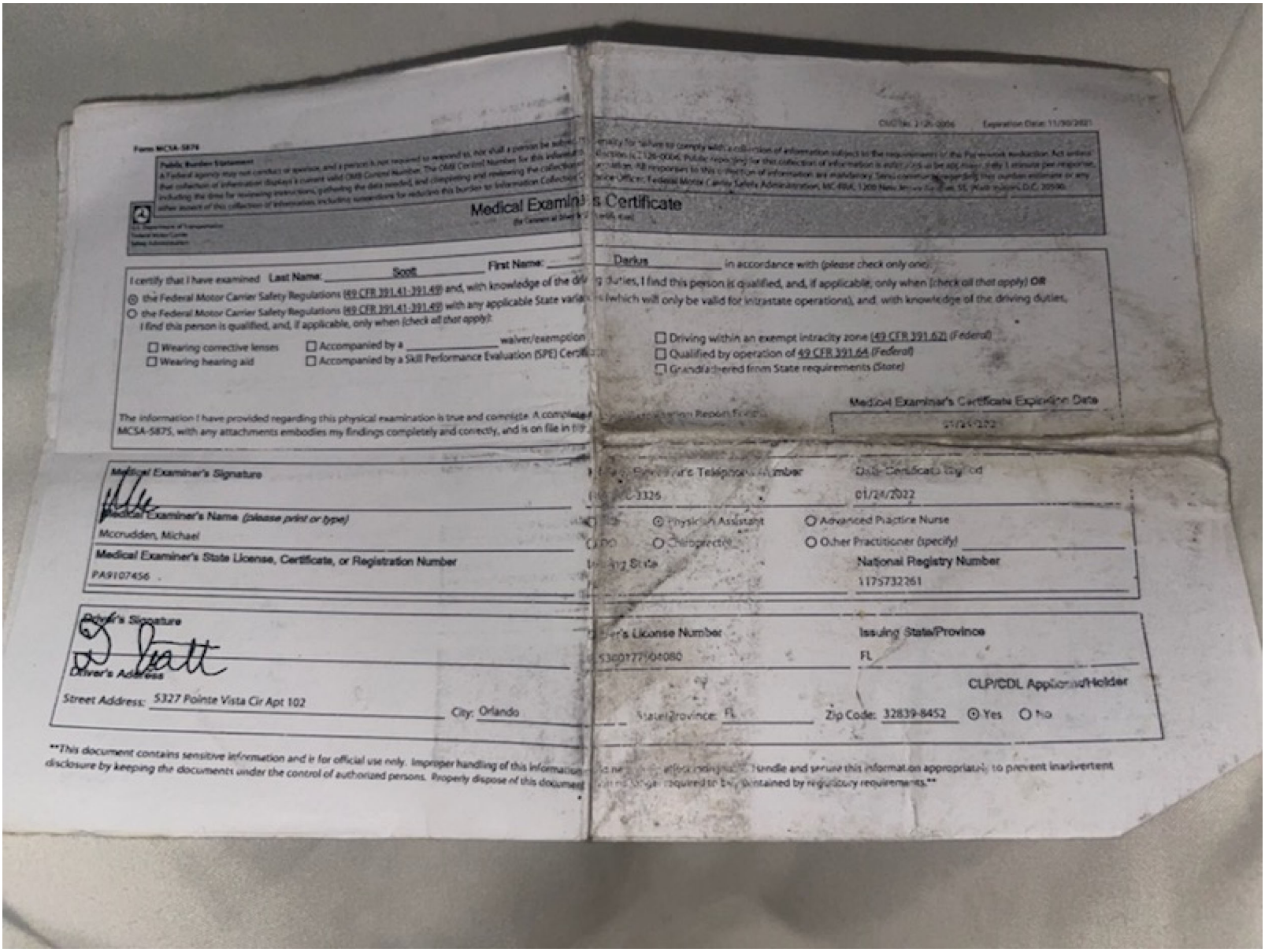

Form MCSA-5876

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 xx minutes 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-RRA, 1200 New Jersey Ave. SE, West Building, Washington, D.C. 20590.

OMB No. 2126-0006 Expiration Date: 11/30/2021

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

Medical Examiner's Certificate

(To Certify Driver Fitness Under 49 CFR 391.43)

I certify that I have examined Last Name: Scott 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
☐ Wearing hearing aid ☐ 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)

The information I have provided regarding this physical examination is true and complete. A completed 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: 01/24/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type): Mccrudden, Michael

Medical Examiner's Telephone Number: [illegible]3326

Date Certificate Signed: 01/24/2022

☐ MD ◉ Physician Assistant ○ Advanced Practice Nurse
☐ DO ○ Chiropractic ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: PA9107456

Issuing State: [illegible]

National Registry Number: 1175732261

Driver's Signature

Driver's Address

Street Address: 5327 Pointe Vista Cir Apt 102 City: Orlando

Driver's License Number: [illegible]530177104080

Issuing State/Province: FL

CLP/CDL Applicant/Holder

State/Province: FL Zip Code: 32839-8452 ◉ Yes ○ No

This document contains sensitive information and is for official use only. Improper handling of this information may result in [illegible]. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document [illegible] required to be maintained by regulatory requirements.