

NEW YORK STATE
COMMERCIAL DRIVER LICENSE
USA
Enhanced Security Identification of Motor Vehicle

ENHANCED

ID 707 010 526
Class A

GRIFFIN
JAMES

50 E NORTH ST
GENEVA, NY 14456

Sex M Height 6'-02" Eyes BRO

DOB 04/22/1954

Expires 04/22/2027

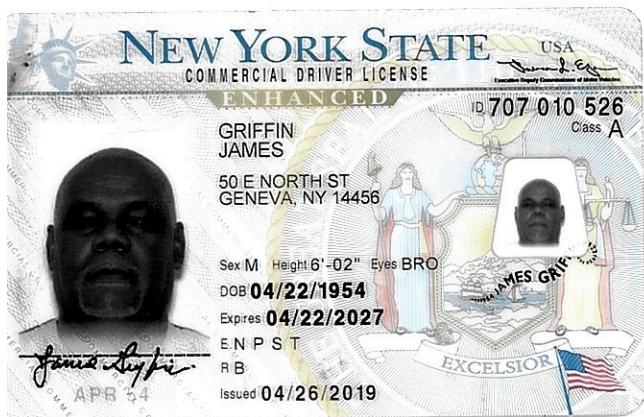
E N P S T
R B

Issued 04/26/2019

James Griffin

APR 24

EXCELSIOR

A New York State Commercial Driver License for James Griffin. The license features a large black and white portrait of the holder on the left. The background includes the New York State coat of arms and the word 'EXCELSIOR'. The license is marked as 'ENHANCED' and 'Class A'. It includes the holder's name, address, sex, height, eye color, date of birth, expiration date, and issue date. A signature of the holder is visible at the bottom left.

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: Griffin** **First Name: James** 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

4-27-2022

Medical Examiner's Signature

Timothy J. Allen PA-C

Medical Examiner's Telephone Number

315-539-8058

Date Certificate Signed

4-27-2021

Medical Examiner's Name (please print or type)

Timothy Allen

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

024254

Issuing State

NY

National Registry Number

4290253662

Driver's Signature

James Griffin

Driver's License Number

107 010 526

Issuing State/Province

NY

Driver's Address

50 East North St City: **Geneva**

State/Province: **NY**

Zip Code: **14456**

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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