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**Medical Examiner's Certificate**

(for Commercial Driver Medical Certification)

**CMV DRIVER CERTIFICATION**I certify that I have examined (last name) BABAEI (first name) HOSSEIN in accordance with (please check only)

- ☒ 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) DR
- ☐ 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 (specify type): \_\_\_\_\_ ☐ 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

10/10/2025

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(425)865-8060

10/10/2023

Medical Examiner's Name (please print or type)

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

Card, David R

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

Issuing State

National Registry Number

PA10003740

WA

7200478866

**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

Issuing State/Province

WDL677NJ133B

WA

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 14526 NE 36th St Apt K4 City: Bellevue State/Province: WA Zip Code: 98007-3533 ☒ Yes ☐ No

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