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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 matched displays a current walld 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 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 tion, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590

Medical Examiner's Certificat

Driver's Address 31550 WASHINGTON LOOP RD City: PUNTA GORDA	Driver's Signatury & Quete	Medical Examiner's Name (pledse print or type) Alexander J Kuhn Medical Examiner's State License, Certificate, or Registration Number CH10896	Medical Examiner's Signature MMMM	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.	O the Federal Motor Carrier Safety Regulations (49 CR 19141-19149) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR I find this person is qualified, and, if applicable, only when (check all that apply): Wearing corrective lenses	
GLP/CDL Applicant/Holder 30RDA State/Province: FL Zip Code: 33982 © Yes O No	Driver's License Number Issuing State/Province A652-400-53-187-0 FL	OMD O Physician Assistant O Advanced Practice Nurse O DO O Chiropractor O Other Practitioner (specify) Issuing State FL National Registry Number 9319236101	Medical Examiner's Telephone Number Date Certificate Signed 239-400-2000 12/09/2020	Medical Examination Report Form, 12/09/2022	O the Federal Motor Carrier Safety Regulations (49 CFL 191.41-191.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR I find this person is qualified, and, if applicable, only when (check all that apply): Wearing corrective lenses Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFL 191.61) (Federal) Grandfathered from State requirements (State)	

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