Form MCSA-5876

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

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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:** Bleichner **First Name:** Mark 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ 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 complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file [illegible] office.

Medical Examiner's Certificate Expiration Date: 5/19/22

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: MIKE PECK

Medical Examiner's State License, Certificate, or Registration Number: 50.001391

Medical Examiner's Telephone Number: 419-782-2147

Date Certificate Signed: 5-19-2020

○ MD ● Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Issuing State: OH

National Registry Number: 53621485485

Driver's Signature: [signature]

Driver's License Number: BL724789

Issuing State/Province: OH

Driver's Address
Street Address: 181 W. MAIN ST City: SMITHVILLE State/Province: OH Zip Code: 44677

CLP/CDL Applicant/Holder ● Yes ○ No

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