

Public Burden Statement

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Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

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

I certify that I have examined Last Name: Graves First Name: Dan in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 _____ waives/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.24 (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

11/29/2024

Medical Examiner's Signature

Shella West

Medical Examiner's Telephone Number

(903) 831-4065

Date Certificate Signed

11/29/2022

Medical Examiner's Name (please print or type)

Shella West☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

AP126651

Issuing State

TX

National Registry Number

4476938860

Driver's Signature

[Signature]

Driver's License Number

943815270

Issuing State/Province

AR

Driver's Address

Street Address: 333 Links Dr Apt 3003City: TexarkanaState/Province: ARZip Code: 71854

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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