OMB No.: 2126-0006 Expiration Date: 03/31/2025

Form MCSA-5876

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:** Graves **First Name:** Dan 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 in my office.

Medical Examiner's Certificate Expiration Date
11/29/2024

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number (903) 831-4065

Date Certificate Signed 11/29/2022

Medical Examiner's Name *(please print or type)*: Sheila 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 3003 City: Texarkana State/Province: AR Zip Code: 71854

CLP/CDL Applicant/Holder ● Yes ○ No

Rev
3/16/22