Form MCSA-5876

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement is entirely separate to requested on this form does not expire.

OMB No.: 2126-0006 Expiration Date: 12/31/2024

Public Burden Statement
A Federal agency may 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 this requirement if the Paperwork Reduction Act unless that collection of information displays a current valid 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 one minute per response, including the time for 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* RIGGS *(first name)* JOHN 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)*

○ 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 *(specify type)*: _____
- ☐ 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)

Medical Examiner's Certificate Expiration Date: 5-5-2024

The information I have provided regarding this physical examination is true and complete. A completed Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Darrell Rich D.C.

Medical Examiner's Name *(please print or type)*: DARELL RICH

Medical Examiner's State License, Certificate, or Registration Number: CH8741

Medical Examiner's Telephone Number: 844-693-2782

Date Certificate Signed: 5-5-2022

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

Issuing State: Florida

National Registry Number: 38898555894

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address
Street Address: 12200 NW 7St Av City: Cape Coral

Driver's License Number: L220046564128O

Issuing State/Province: FL

CLP/CDL Applicant? ☒ Yes ○ No

State/Province: FL Zip Code: 33993

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