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

Public Burden Statement

A Federal agency may not conduct or sportion, 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 that collection of information displays a current valid 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, including the time for reviewing instructions, gainstraining the data needed, and completing and reviewing the collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Cerrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(for Commercial Driver Medical Cortification)

AT NO.		00	-	
SA		555	I certify that I have examined Last Name:	
-58		in a m	2	
mat mat	★ Wearing corrective lenses Wearing hearing aid	this	nat	
wition	eari eari	ral ral	=	
h a	5u	Mo	ave	
ny ave	hea	tor	2	
at p	nin rec	de Cal	3.	
5	ga	rier	2	
ner	g =	Sal	-	
TS TE	. Se	fety an	ast	
gar		Re d, He	Z	
ding		de Jug	ne l	
g th	Accompanied by a Accompanied by a	atio	i l	
m is p	CONT	ab ons		
fi di	pg pg	(49		
dica	nie	출원 원		
gs	0.0	¥ 39	San	
am	0 0	en 1.4	Sanchez	
inat	돌	Ch 1-3	22	
tion	Pe	91. 91.		
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.	Accompanied by a	• 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 duting this person is qualified, and, if applicable, only when (check all that apply):		
nd c	3	and wit		
orr	20	day w	22	
ect	5	がる 事	First Name:	
y, a	al	pp kn	Na	
nd pe	atio	lica owl	me	
is o	waiver/exemption ion (SPE) Certificate	ble	i I	
1 A	SPE SPE	Sta		
le ii	Cexe	ft th	m	
n m olet	THE STATE OF	e d	Benny	
y o N	ica	anc	J.	
ffice	₩ ⊃	es (
. 0		wh		
Exa	MMM	ich es,	2.	
3	Srain	≦ =	acc	
nati.	lifie	on the	orc	
9	ath wi	his	an	
Rep	thir ere	per	6	
or	ad fr	alic	with	
7	om	To is	n (p	
3	Sta	r in	leas	
	Driving within an exempt intracity zone (49 CFR Qualified by operation of 49 CFR 391.64 (Federal) Grandfathered from State requirements (State)	tras	in accordance with (please check only one):	
	ntra 190	tag ed.	3	
	uire FR	e of	no n	
3	391 391	per T	NO V	
Ded.	nts	atio	26)	
ica	St (48	ns)		
N N	den CF	able		
an	2 83	d, o		
in	91	Nit y		
08	62)	Kr Wh		
Ce	7	Non		
Medical Examiner's Certificate Expiration Dat 08/31/2023	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)	led (ch		
123	9	ge		
0		of of		
dx		the		
ira		dr.		
tion		win (%)		
D		9 0		
ato		5		

Medical Examiner's State License, Certificate, or Registration Number G86142	Medical Examiner's Name (please print or type) Paul R Young	Medical Examiner's Signature
Issuing State CA	MD Physician Assistant Obo Chiropractor	Medical Eminer's Telephone Number 805-922-8282
National Registry Number 7381148642	O Advanced Practice Nurse Other Practitioner (specify)	mber Date Certificate Signed 08/31/2021

Street Address:	Driver's Address	31:	Driver's Signature
515 E Riddering St		S)
City:			
City: Santa Maria			Driver's
State/Province: CA		A8470476	Driver's License Number
ip Code:			Issuing
93455			State/Pro
Zip Code: 93455 • Yes O No	CLP/CDL Applicant/Holder	CA	vince

^{**}This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.**