

Public Burden Statement

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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: Wynn First Name: Kenneth 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):

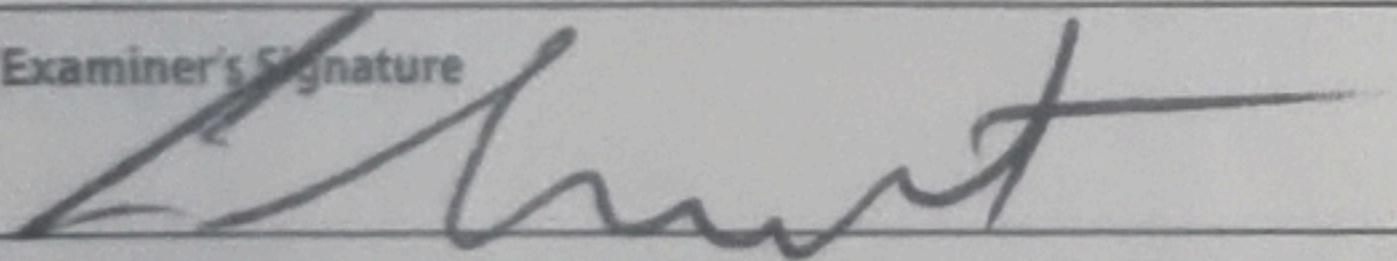
- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

8-2-2025

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 Signature



Medical Examiner's Name (please print or type)

Christian Smith

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

PA 911 5099

Medical Examiner's Telephone Number

239-424-1692

Date Certificate Signed

8-2-2023☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor☐ Other Practitioner (specify) _____

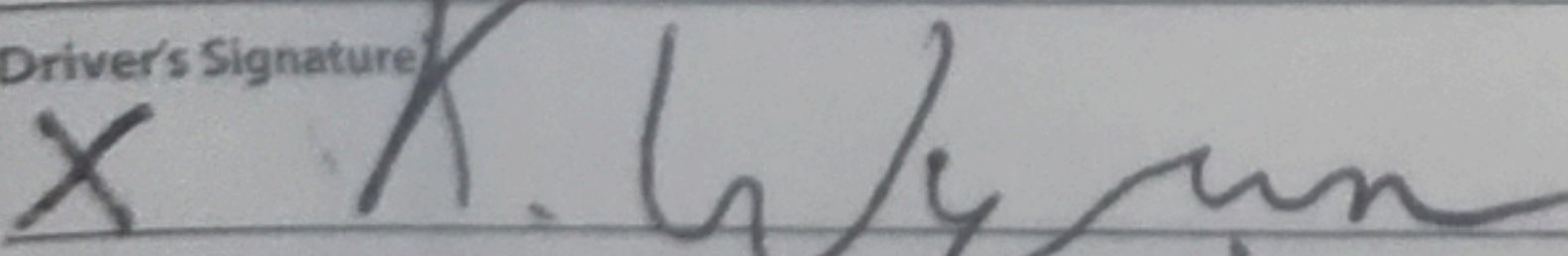
Issuing State

FL

National Registry Number

8178394159

Driver's Signature



Driver's License Number

W500-504-73-0910

Issuing State/Province

FL

Driver's Address

4463 Orange Blvd Ft Myers

CLP/CDL Applicant/Holder

Street Address:

City:

State/Province:

Zip Code:

33903☒ Yes ☐ No