

## 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: Binns First Name: Chevan 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

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.

3/26/2025

Medical Examiner's Signature

Nicholle Rothengass

Medical Examiner's Telephone Number

772 226 6868

Date Certificate Signed

3/27/2023

Medical Examiner's Name (please print or type)

Nicholle Rothengass PA-C

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

PA9111908

Issuing State

FL

National Registry Number

7110519154

Driver's Signature

[Signature]

Driver's License Number

B520101930240

Issuing State/Province

FL

Driver's Address

Street Address: 1250 Belfry Ln SE Apt 106 City: Palm Bay

State/Province: FL

Zip Code: 32909

CLP/CDL Applicant/Holder

☒ Yes ☐ No