

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:** Levin **First Name:** Mitch in accordance with (please check only one):

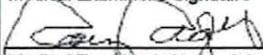
the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (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):

<input checked="" type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Accompanied by a _____ waiver/exemption	<input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
<input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)
		<input type="checkbox"/> 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

01/08/2020

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Gray, Gary

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

R5110

Medical Examiner's Telephone Number

(314)385-9563

Date Certificate Signed

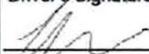
01/08/2019

 MD Physician Assistant DO Chiropractor Advanced Practice Nurse Other Practitioner (specify) _____**Issuing State**

MO

National Registry Number

6680437490

Driver's Signature

Driver's Address

Street Address: 1001 Timber Creek Lane

City: O FALLOON

Driver's License Number

L15054857290

Issuing State/Province

IL

CLP/CDL Applicant/Holder Yes No

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