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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):

- ☒ 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)

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    ☐ Advanced Practice Nurse  
☐ DO    ☐ Chiropractor    ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**

MO

**National Registry Number**

6680437490

**Driver's Signature**
**Driver's License Number**

I15054857290

**Issuing State/Province**

IL

**Driver's Address**

Street Address: 1001 Timber Creek Lane

City: O FALLON

State/Province: IL

Zip Code: 62269

**CLP/CDL Applicant/Holder**☒ Yes    ☐ No

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