

Public Burden Statement

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Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: Leyva First Name: Rickey G 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
5.3.2025

Medical Examiner's Signature: John D Smiley Medical Examiner's Telephone Number: 918-422-6118 Date Certificate Signed: 5.3.2025

Medical Examiner's Name (please print or type): John D Smiley DC

Medical Examiner's State License, Certificate, or Registration Number: 2667

Issuing State: Oklahoma National Registry Number: 7331993112

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Driver's Signature: Leyva Driver's License Number: 2636557 Issuing State/Province: TEXAS

Driver's Address: 2240 NPTD APT 3506 City: Corpus Christi State/Province: TX Zip Code: 78408 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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+ Dr. John Smiley
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

John D Smiley, DC

Address

740 Stateline Rd Colcord, OK 74338

Hours of Operation

9:00am-4:00pm

National Registry Number

7331993112

Certification Date

01/28/2014

Distance

N/A

Business Phone

(479) 524-2620

Business Fax Number

9184226118

Business Email

cksjds@yahoo.com

