

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information is requested on this form does not expire.



CMV DRIVER CERTIFICATION

Certify that I have examined (last name) Jones (first name) Leslie 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 (specify type): _____
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

10/16/25

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State license, certificate, or registration Number

Issuing State

National Registry Number

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address 16 Palwood Rd City Tyler State/Province TX Zip Code 75787 CLP/DL Applicant/Holder ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals, invade and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



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Mr. Lloyd Stringer
(Nurse Practitioner)



Email



Website

Practice Business Name

The Clinic at Farmer's MedShoppe

Address

62 Highway 587 Foxworth, MS 39483

Hours of Operation

8-5

National Registry Number

1473417545

Certification Date

05/27/2022

Distance

N/A

Business Phone

(601) 424-3540

Business Fax Number

-

Business Email

cstringrn@gmail.com

