

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: Toledo First Name: Robert 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
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate
 Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
 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: 10/26/2024

Medical Examiner's Signature: [Signature] Date Certificate Signed: 10/26/2022
Medical Examiner's Telephone Number: (616) 459-6331
Medical Examiner's Name (please print or type): Julienne Little
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____
National Registry Number: 6952121061
Issuing State: MI

Medical Examiner's State License, Certificate, or Registration Number: 5101009566
Driver's Signature: [Signature] Issuing State/Province: MI
Driver's License Number: T 430 745 497 993
State/Province: MI Zip Code: 49546 Yes No
Driver's Address: 4325 Forest Way Dr., Apt 12 city: Grand Rapids
CLE/CDL Applicant/Holder

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Rev. 3/20/22

FMCSA

Federal Motor Carrier Safety Administration



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 **Dr. Julienne Little**
(Doctor Of Osteopathy)



Email



Website

Practice Business Name

MED-1 Holland

Address

383 Garden Avenue Holland, MI 49424

Hours of Operation

-

National Registry Number

6952121061

Certification Date

11/16/2013

Distance

N/A

Business Phone

(616) 494-8271

Business Fax Number

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