OMBNo.: 2126-0006 Expiration Date: 12/31/202 CGA-5976 of the Paperwork Reduction Act Public Bu A Federal a garding this bu den estimate n. D.C. 20590 ent out MEDICAL EXAMINE "S CERTIFICATE Loran Saric CMV DRIVER CERTIFICATION in accordance with (please check only one). (first na certify that I have examined (last name) If the person is qualified, and, if applicable, only when (chock all that upply) OR es (which will only be valid for intrastate operations), and, with knowledge of the 

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Driving within an exempt intracity zone (45 Cf b (Fodoral) (Federal) Qualified by operation of rements (State) Grandfathered from State r'sCi A Expiration Date Medical Examine ino The information. These provided regarding this physical examination is true, and complete A complete Me, ical Examination Peport Form, MCSA-5875, with any attactionents, e-shockes my findings completely, and correctly, and is of the in my office 3 MEDICAL EXAMINER INFORMATION Megical Examiner's 602-353-1234 Ar Date Telep one l 2022 arekaminer's Signature 6 Modic 3 0 6 Advanced Pracin Nurse Physician Assistant
 Chiropractor C AD LAWRENCE D. PAULE, D.C. nt or typo) Other Practitioner (specify) National Registry Number AFIZONA Medical Examiner's State License, Certificate, C Registration Number 4584 9073900693 CIVIN DRIVER INIT RIV Driv Driver's Signature Zip Cod STIND CLP/CDL Applicant/Holde Driver's Address 383/GNNWWWOOD DA SANTAN This document contains som Rev 12/16/21

