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A Bureau of Motor Vehicle

and agency may not conduct or release and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project

The OMB Control Number for this information collection is 2125-0006. Public reporting for this collection of information is estimated to be approximately one minute per

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estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-95X, 1200 New Jersey Avenue, SE, Washington, D.C.

Medical Examiner's Certificate

(See Commercial Driver's License Certification)

CMV DRIVER CERTIFICATION

(Last name)

JOSEPH

(First name)

ROSNY

in accordance with (please check only one):

I certify that I have examined

☐ 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):☐ 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)☐ Wearing hearing aid☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

Medical Examiner's Certificate Expiration Date

03/23/2024

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 Name (please print or type)

Tunnell, Larry

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

01041993A

Medical Examiner's Telephone Number

(317)241-8266

Date Certificate Signed

03/22/2022

☒ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify)

Issuing State

IN

National Registry Number

3353897834

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

322 cossett drive

City: Indianapolis

State/Province: IN

Zip Code: 46224

CLP/CDL Applicant/Holder

☒ Yes ☐ No

This contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately in accordance with the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



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 **Dr. Larry Tunnell**
(Medical Doctor)



Email



Website

Practice Business Name

Concentra

Address

5604 W 74th St Indianapolis, IN 46278

Hours of Operation

-

National Registry Number

3353897834

Certification Date

03/25/2014

Distance

N/A

Business Phone

(317) 290-1551

Business Fax Number

-

Business Email

larry_tunnell@concentra.com

Business Website

www.concentra.com



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