

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:** Lindley **First Name:** Antonio 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 ☐ 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 Date6/14/27**Medical Examiner's Signature**Dr. Joshua Poole**Medical Examiner's Telephone Number**(404)381-8664**Date Certificate Signed**6/14/25**Medical Examiner's Name (please print or type)**Dr. Joshua Poole☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**Georgia**National Registry Number**☒ 6890693165**Medical Examiner's State License, Certificate, or Registration Number**CHIR010126**Driver's Signature**[Signature]**Driver's License Number**056041951**Issuing State/Province**GA**Driver's Address****Street Address:** 3223 Chestnut Dr**City:** East point**State/Province:** GA**Zip Code:** 30244**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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