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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** WHITE **First Name:** DWIGHT in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 393.41-393.49) 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 393.41-393.49) 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 _____ waives/exemption ☐ Driving within an exempt intracity zone (49 CFR 393.63) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 393.64 (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

8/31/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

8172772977

Date Certificate Signed

8/31/2023

Medical Examiner's Name (please print or type)

DR. ROGER PRLAM

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

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

104614

Issuing State

Texas

National Registry Number

4391247700

Driver's Signature

Driver's License Number

09737462

Issuing State/Province

Texas

Driver's Address

Street Address: 1913 CROOKED LANE

City: FORT WORTH

State/Province: TX

Zip Code: 76112

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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