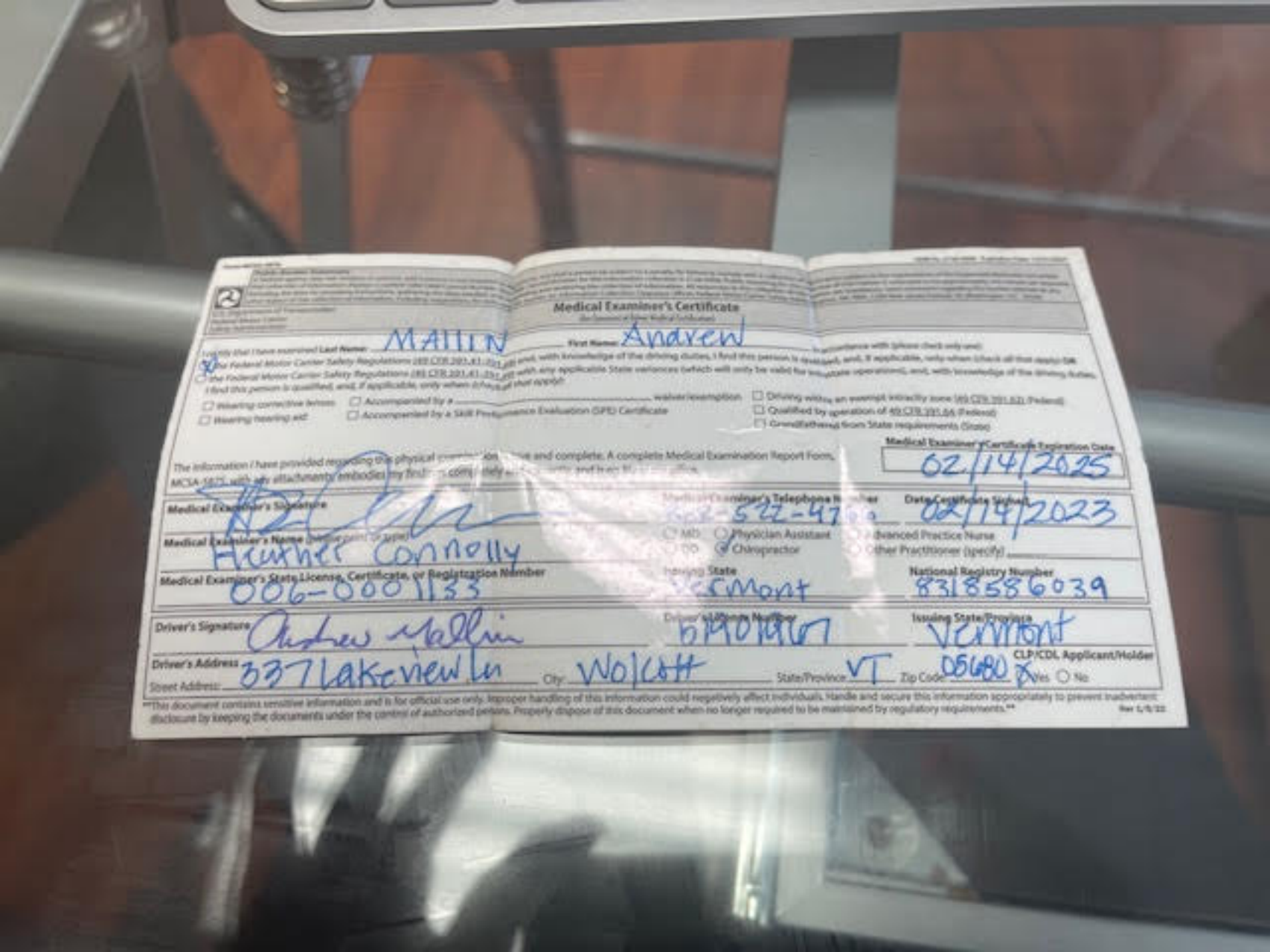

Medical Examiner's Certificate

I certify that I have examined Last Name: MALLIN First Name: Andrew

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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathering 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, completed and is on file in my office.

Medical Examiner's Certificate Expiration Date: 02/14/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 522-47[illegible] Date Certificate Issued: 02/14/2023

Medical Examiner's Name (please print or type): Heather Connolly

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☒ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 006-0001133 Issuing State: Vermont National Registry Number: 8318586039

Driver's Signature: Andrew Mallin Driver's License Number: 61901967 Issuing State/Province: Vermont

Driver's Address: Street Address: 337 Lakeview Ln City: Wolcott State/Province: VT Zip Code: 05680 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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Dr. Heather Connolly (Doctor Of Chiropractic)

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N/A Directions