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

**MEDICAL EXAMINER'S CERTIFICATE**  
(for Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Glenn (first name) David 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 (specify type): \_\_\_\_\_ ☐ 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)  
☐ 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

1/10/2025

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Steven Silverman

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

2570

Medical Examiner's Telephone Number

715-536-1444

Date Certificate Signed

1/10/2023

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

Wisconsin

National Registry Number

3350071876

**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

098008748

Issuing State/Province

Tennessee

Driver's Address


Street Address: 1306 Calhoun Street City: Humboldt State/Province: TN Zip Code: 38343

CLP/CDL Applicant/Holder



☒ Yes ☐ No

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**+ Dr. Steven Silverman**  
(Doctor Of Chiropractic)

 Email  Website

**Practice Business Name**  
Silverman Chiropractic

**Address**  
1501 E Main St. Merrill, WI 54452

**Hours of Operation**  
monday-friday

<b>National Registry Number</b> 3350071876	<b>Certification Date</b> 12/17/2013
<b>Distance</b> N/A	<b>Business Phone</b> (715) 536-1444
<b>Business Fax Number</b> 7155361777	
<b>Business Email</b> chirosilver@gmail.com	
<b>Business Website</b> www.silvermanchiropractic.com	

