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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) BUNCIC (first name) SRDAN 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)

Medical Examiner's Certificate Expiration Date

05/21/2024

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

Brian Kilkus
Medical Examiner's Name (please print or type)

BRIAN KILKUS

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

038.012584

Medical Examiner's Telephone Number

(847) 378-8147

Date Certificate Signed

05/21/2022

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

Issuing State

IL

National Registry Number

1410813531

CMV DRIVER INFORMATION

Driver's Signature

SRDAN BUNCIC
Driver's Address
Street Address: 8580 W FOSTER AVE UNIT 307 City: NORRIDGE State/Province: IL Zip Code: 60706

Driver's License Number

B522-7808-4333

Issuing State/Province

IL

CLP/CDL Applicant/Holder
☒ Yes ☐ No

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United States Department of Transportation

FMCSA

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Dr. Brian Kilkus

(Doctor Of Chiropractic)

Email

Website

Practice Business Name

MedStop

Address

1654 Greenleaf Ave Elk Grove Village, IL 60007

Hours of Operation

-

National Registry Number

1410813531

Certification Date

05/24/2014

Distance

N/A

Business Phone

(847) 378-8147

Business Fax Number

8473788174

Business Email

bjkilkus@gmail.com

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

855-368-4200

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