

Texas

COMMERCIAL DRIVER LICENSE

USA
TX

Steven C. McCreary DIRECTOR



4d CDL **43292278**

4a Iss **01/06/2020**

3 DOB **01/15/1998**

1 MCPHERSON

2 DALTON JAMES

8 36341 DODDS RD
LOS FRESNOS TX 78566

12 Restrictions **A**

16 Hgt **5'-08"**

15 Sex **M**

9a End **NONE**

18 Eyes **BLU**

5 DD 07121000018046088376



Dalton McPherson



43292278 2020010701

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

☐ Directive to physician
has been filed at tel #

☐ Emergency
contact number

☐ Allergic reaction
to drugs

CLASS: A-Comb veh w/ GVWR $\geq 26,001$ lbs provided towed veh $\geq 10,001$ lbs

RESTRICTIONS - A - With corrective lenses

ENDORSEMENTS:
NONE



REV. 10/10/2016

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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:** MCPHERSON **First Name:** DALTON in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations () 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 () 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 () (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 Date
4/23/2026

Medical Examiner's Signature**Medical Examiner's Name** (please print or type)

Ryan Lofland

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

6033

Medical Examiner's Telephone Number

360-347-6322

Date Certificate Signed

4/23/2024

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

OR

National Registry Number

4644555603

Driver's Signature**Driver's Address**

Street Address: 2950 NE 23RD ST.

City: GRESHAM

State/Province: OR

Zip Code: 97030

CLP/CDL Applicant/Holder☒ Yes ☐ No**Driver's License Number**

43292278

Issuing State/Province

TX

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