

Public Burden Statement

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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: Evans First Name: Copley in accordance with (please check only one):

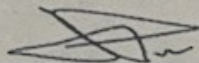
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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 ☐ 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

03/19/2027

Medical Examiner's Signature



Medical Examiner's Telephone Number

(817) 259-1300

Date Certificate Signed

03/19/2025

Medical Examiner's Name (please print or type)

Justin Paeltz

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

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

12413

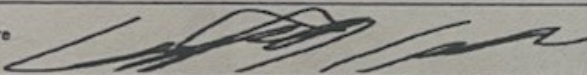
Issuing State

TX

National Registry Number

2510355285

Driver's Signature



Driver's License Number

26919497

Issuing State/Province

TX

Driver's Address

Street Address: 1800 brown trail

City: Hurst

State/Province: TX

Zip Code: 76054

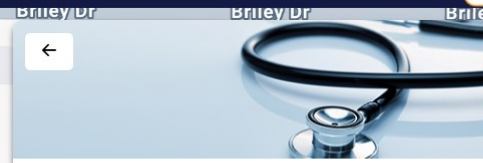
CLP/CDL Applicant/Holder

☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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Dr. Justin Paeltz
(Doctor Of Chiropractic)

[Email](#)[Website](#)**Practice Business Name**

City Point Chiropractic

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Hours of Operation

9 - 6

National Registry Number

2510355285

Certification Date

05/03/2014

Distance

N/A

Business Phone

(817) 259-1300

Business Fax Number

8172880544

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