

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

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

I certify that I have examined **Last Name: HARRIS** **First Name: Dexter** 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)

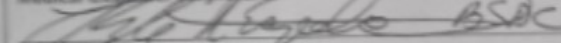
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

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

09-17-2026

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

Dr. Kyle Esposito

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

38MC00639200

Medical Examiner's Telephone Number

973-832-6722

Date Certificate Signed

09/17/2024

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

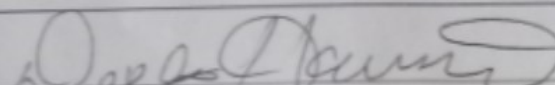
Issuing State

New Jersey

National Registry Number

6843445037

Driver's Signature



Driver's License Number

416 482 613

Issuing State/Province

New York

Driver's Address

Street Address: 79 Montgomery St.

City: Paterson

State/Province: NJ

Zip Code: 07501

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Kyle Eoepchino**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Eoepchino Chiropractic

Address
155 East Main Street Little Falls, NJ 07424

Hours of Operation
mon,thursday 9:00am-7:00pm tuesday 3:00pm-7:00pm,
wednesday 2:30pm-6:00pm, saturday 8:30am-1:30pm

National Registry Number **Certification Date**
6843445037 12/23/2016

Distance **Business Phone**
N/A (973) 832-6722

Business Fax Number
9739106842

Business Email
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Business Website
www.healthonmain.info

