A'F tha	that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of i			a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any earence Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.				
Federate 10	tment of Transportation otor Carrier ninistration			dical Certification)				
● the F ○ the F I finc	that I have examined Last Name: KOVA Federal Motor Carrier Safety Regulations (49 C Federal Motor Carrier Safety Regulations (49 C d this person is qualified, and, if applicable, on	FR 391.41-391.49) ar FR 391.41-391.49) wi Iy when (check all tha	th any applicable State va t apply):	driving duties, I find ariances (which will d	this person is qual	ified, and, if a		(check all that apply) <b>OR</b>
	Wearing corrective lenses Accompanie				Driving within an exempt intracity zone ( <u>49 CFR 391.62</u> ) ( <i>Federal</i> )			
	Wearing hearing aid Accompanie	Accompanied by a Skill Performance Evaluation (S		tificate	<ul> <li>Qualified by operation of <u>49 CFR 391.64</u> (Federal)</li> <li>Grandfathered from State requirements (State)</li> </ul>			
MCSA-5	ormation I have provided regarding this phys 5875, with any attachments, embodies my fin	ical examination is tr dings completely an	ue and complete. A comp d correctly, and is on file	in my office.	nation Report Form	n, O	3/19/2026 Date Certificate Si	Certificate Expiration Date
				<u>(630) 986-7501</u>			03/19/2024	
	al Examiner's Name (please print or type)		. 8		nysician Assistant hiropractor	<b>.</b>	ed Practice Nurse ractitioner (specify) _	4.9 29 <sup>2</sup>
Medica	al Examiner's State License, Certificate, or F	r	Issuing State			National Registry Number		
27700	7001519			<u>IL</u>			6889876032	
Driver	river's Signature			Driver's License Number K12106083111			Issuing State/Province	
	r <b>'s Address</b> Address: <u>311 ORCHARD ST</u>	Ci	ty: HILLSIDE	State	/Province: <u>IL</u>	Zip	Code: <u>60162</u>	CLP/CDL Applicant/Holder

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