

Public Burden Statement

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

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er Me

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** KOVACEVIC **First Name:** BRATISLAV 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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ 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

03/19/2026

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

PATRICIA KUENZI

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

277001519

Medical Examiner's Telephone Number

(630) 986-7501

Date Certificate Signed

03/19/2024

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

IL

National Registry Number

6889876032

Driver's Signature

Driver's License Number

K12106083111

Issuing State/Province

IL

Driver's Address

Street Address: 311 ORCHARD ST

City: HILLSIDE

State/Province: IL

Zip Code: 60162

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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