

Public Burden Statement

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

Medical Examiner's Certificate

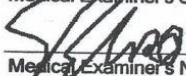
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** Montes-Lopez **First Name** Alirio 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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 Date12/01/2023**Medical Examiner's Signature****Medical Examiner's Name (please print or type)**Pillar, Edward**Medical Examiner's State License, Certificate, or Registration Number**036094809**Medical Examiner's Telephone Number**(708)924-8000**Date Certificate Signed**12/01/2021☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**IL**National Registry Number**2418034642**Driver's Signature****Driver's Address****Driver's License Number**M53200188359**Issuing State/Province**IL**Street Address:** 6154 S Kostner Ave**City:** Chicago**State/Province:** IL**Zip Code:** 60629**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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