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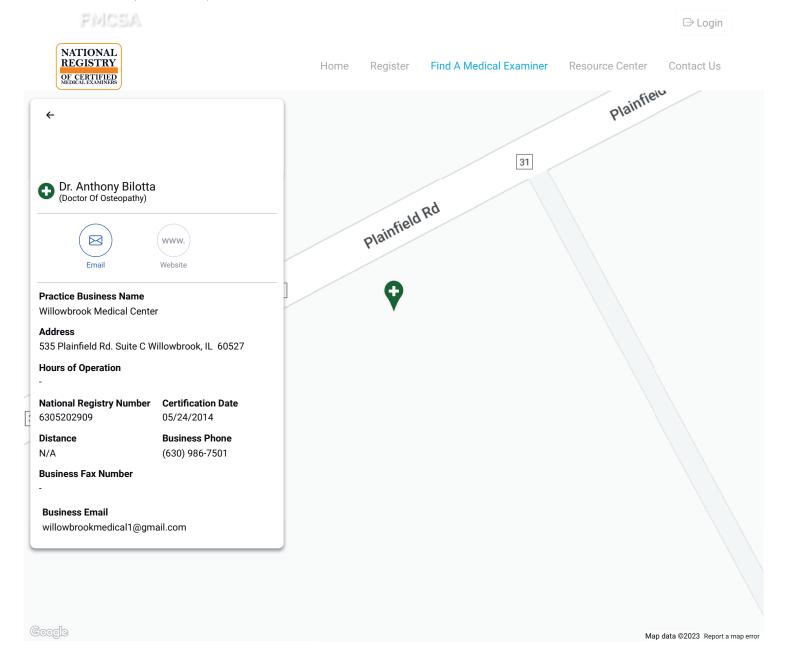
## Medical Examiner's Certificate

CMV DRIVER CERTIFICATION  I certify that I have examined Last Name: GRIFFITH  First Name: JON  in accordance with (please che	eck only one):
	eck 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 the	at apply) OR
O 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	
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 Expension of the interval of	oiration Date
MEDICAL EXAMINER INFORMATION	
Medical Examiner's Signature	gned
(630) 986-7501 1/4/2023	***************************************
Medical Examiner's Name (please print or type)	
ANTHONY BILOTTA On the Practitioner (specify)	
Medical Examiner's State License, Certificate, or Registration Number Issuing State National Registry Number	
<u>036073808</u> <u>IL</u> 6305202909	
CMV DRIVER INFORMATION	
Driver's License Number Issuing State/Province  D06130673 AZ	٠,
Driver's Address CLP/CDL Applican	t/Holder
Street Address: 1808 W. MISSION PLACE City: TUCSON State/Province: AZ Zip Code: 85746 Yes O No	

YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE, MED-STOP DOES NOT SEND IT TO THE SDLA.

<sup>\*</sup>This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

United States Department of Transportation ☐



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE WASHINGTON, DC 20590 855-368-4200

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