

## 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)

13230104317890

**CMV DRIVER CERTIFICATION**

I certify that I have examined Last Name: **GRIFFITH** First Name: **JON** 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

**1/4/2025****MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(630) 986-7501

1/4/2023

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

ANTHONY BILOTTA

☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

Issuing State

National Registry Number

036073808

IL

6305202909

**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

D06130673

AZ

Street Address: 1808 W. MISSION PLACE

City: TUCSON

State/Province: AZ

Zip Code: 85746

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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

United States Department of Transportation

FMCSA

NATIONAL  
REGISTRY  
OF CERTIFIED  
MEDICAL EXAMINERS

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Dr. Anthony Bilotta

(Doctor Of Osteopathy)

Email

Website

Practice Business Name

Willowbrook Medical Center

Address

535 Plainfield Rd. Suite C Willowbrook, IL 60527

Hours of Operation

-

National Registry Number

6305202909

Certification Date

05/24/2014

Distance

N/A

Business Phone

(630) 986-7501

Business Fax Number

-

Business Email

willowbrookmedical1@gmail.com

Map

Plainfield Rd

31

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

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