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6	A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shith at collection of information displays a current valid OMB Control Number. The OMB Control Number that collection of information displays a current valid OMB Control Number. The OMB Control Number including the time for reviewing instructions, gathering the data needed, and completing and reviewed information, including suggestions for reducing this burden to: I other aspect of this collection of information, including suggestions for reducing this burden to: I	not required to respond to htrol Number. The OMB Con tra needed, and completing stions for reducing this bur	o, nor shall a person be subje ntrol Number for this inform g and reviewing the collectic den to: Information Collecti	act to a penalty for ation collection is 2 on of information. I on Clearance Office	failure to comply with a collection of information : 2126-0006. Public reporting for this collection of ir All responses to this collection of information are r er, Federal Motor Carrier Safety Administration, MC	Fubit Burden Statement A Federal agency may not sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information is stimated to be approximately 1 minute per response, that collection of information of information is stimated to be approximately 1 minute per response, that collection of information are mandatory. Send comments regarding this burden estimate or any including the data needed, and completing and reviewing the collection of information are mandatory. Send comments regarding this burden estimate or any other special Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.	, e,
U.S. De Federa Safety	U.S. Department of Transportation Federal Motor Carrier Safety Administration		15	edical Examiner's Certifica (for Commercial Driver Medical Certification)	tificate fication)		
Cert	certify that I have examined Last Name:	Sorokey	First Name:	Mark	in accordance with (please check only one):	one):	
© O	the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any and this pareon is crualified and if annitizable only when (check all that apply):	:R 391.41-391.49) and :R 391.41-391.49) wit	d, with knowledge of i th any applicable State goply):	the driving dut e variances (wh	ties, I find this person is qualified, and, nich will only be valid for intrastate ope	 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 parson is qualified and if applicable only when (check all that apply): 	Ś
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The	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.	al examination is true ngs completely and o	e and complete. A cor correctly, and is on file	nplete Medica e in my office.	Examination Report Form,	Medical Examiner's Certificate Expiration Date 10/06/2023	

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Medical Examiner's Signatore	Medical	Medical Examiner's Telephone Number	iber Date Certificate Signed
		518-452-2597	10/06/2021
Medical Examiner's Name (please print or type)	O MD	O Physician Assistant	Advanced Practice Nurse
Jennifer L Augone	0 00	○ Chiropractor	Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	tate	National Registry Number
F336757		ŻN	9471428404

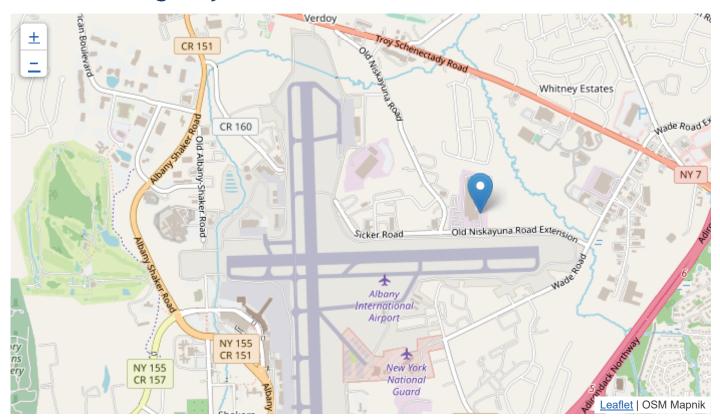
Driver's Signature	X		Driver's L	Driver's License Number		Issuing State/Province	rovince
1/Wh				627 541 656			NY
Driver's Address							CLP/CDL Applicant/Holder
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United States Department of Transportation



National Registry of Certified Medical Examiners Search



Miss Jennifer L Augone Nurse Practitioner

IMPORTANT: Please do not contact to schedule an examination. This Medical Examiner is not accepting examination requests at this time.

National Registry Number: 9471428404

Certification Date: 06/13/19