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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230417332877

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name: VINCENTIJEVIC** **First Name: DORDE** 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

4/17/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

(630) 986-7501

Date Certificate Signed

4/17/2023

Medical Examiner's Name (please print or type)

ANTHONY BILOTTA

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

036073808

Issuing State

IL

National Registry Number

6305202909

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

V25316095286

Issuing State/Province

IL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 10531 S 81ST CT

City: PALOS HILLS

State/Province: IL

Zip Code: 60465

☒ Yes ☐ No

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United States Department of Transportation

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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

Plainfield Rd

31

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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