

Public Burden Statement

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US 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: Amcar First Name: Samatar in accordance with (please check only one)

the Federal Motor Carrier Safety Regulation (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 apply):

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 the apply):

- Wearing corrective lenses
- Wearing hearing Aid
- Accompanied by a waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) certificate
- Driving with in an exempt intracity zone (49 CFR 391.62) (Federal)
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attached embodies my findings completely and correctly, and is on file in my office

Medical Examiner's Certificate Expiration Date

10-08-2021

Medical Examiner's Signature

Medical Examiner's Telephone Number
(612) 861-8854

Date Certificate Signed

10-08-2021

Medical Examiner's Name
Scott C. Koltes, D.C.

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor

Other Practitioner

Medical Examiner's State License
4186 MN

Issuing State
Minnesota

National Registry Number
1504228647

Driver's Signature:

Samatar

Driver's License Number:

M773-151-995-577

Issuing State/Province:

MN

Driver's Address:
Street Address:

7411 York Ave S.

City:

Edina

State/Province:

MN 55435

Zip Code:

CLP/CDL Applicant/Holder

Yes No



Login



Home

Register

Find A Medical Examiner

Resource Center



Dr. Scott Koltes
(Doctor Of Chiropractic)



Email



Website



Direction

Practice Business Name

Back to Health, LTD

Address

6944 Nicollet Avenue South Richfield, MN 55423

Hours of Operation

\$35.00 only 8 to 6 mtwtf sat 8 to 10 am

National Registry Number **Certification Date**

1504228647

02/27/2014

Distance

N/A

Business Phone

(612) 861-8854

Business Fax Number

6128618816

Business Email

infodocscott@gmail.com

Business Website

www.dotexaminations.com

et Ave

52

Nicollet



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