

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond is subject to the requirement of the Paperwork Reduction Act unless that collection of information collection is 2126-0006. Public reporting for this collection of information is instructions, gathering the data needed, and completing and reviewing the collection of regarding this burden estimate or any other aspect of this collection of information, incl. Motor Carrier Safety Administration MC-RRA, 1200 New Jersey Avenue, SE, Washing

r shall a person be subject to a penalty for failure to comply with a collection of information tion displays a current valid OMB Control Number. The OMB Control Number for this mated to be approximately I minute per response, including the time for reviewing mation. All responses to this collection of information are mandatory. Send comments g suggestions for reducing this burden to: Information Collection Clearance Office. Federal D.C. 20590.

US Department of Transportation Federal Motor Carrier

Medical E aminer's Certificate

redetal Wotor Carrier	Wicultai E	aminer's Certificate		
Safety Administration	(for Commercial	merc Driver Medical Certification)		
CMV DRIVER CERTIFICATION I Certify that I have examined Last Name: the Federal Motor Carrier Safety Regulat applicable, only when (check all that app	OmaR Fillion (49 CFR 391.41-391.49) and, villy) OR	Name:in accordance with (please check on nowledge of the driving duties, I find this person is qualified, and, if	ily one)	
the Federal Motor Carrier Safety Regular operations), and, with knowledge of the c Wearing Corrective Lenses	ions (49 CFR 391.41-391.49) with	applicable State variances (which will only be valid for intrastate ed, and, if applicable, only when (check all the apply): Driving with in an exempt intracity zo (49 CFR 391.62) (Federal)	one	
☐ Wearing Hearing Aid	Accompanied by a Skill Evaluation (SPE) certifi			
The information I have provided regarding this complete Medical Examination Report Form, Not completely and correctly, and is on file in my o	CSA-5875, with any attached emi	plete. A Grandfathered from State requirement Medical Examiner's Certificate Expiration Description De	nts ate	
Medical Examiner's Signature Medical Examiner's Name Scott C. Koltes, D.C.		Sistant ○ Advanced Practice Nurse	23	
Medical Examiner's State License 4186 MN	○ DO ● Chiropracto Issuing State Minnesota	Other Practitioner National Registry Number 1504228647		
Driver's Signature: Sumulo	Driver's License	773151995517 mber:Issuing State/Province:	12	

Driver's Signature: Samufary	Driver's License \ mber:	3151995	SIA	vince: MN
Driver's Address YOLK AVE	5. wono	· Mw	55435	Applicant/Holde
Street Address:	City: Sta	ate/Province: Zip Co	ode:	es O No

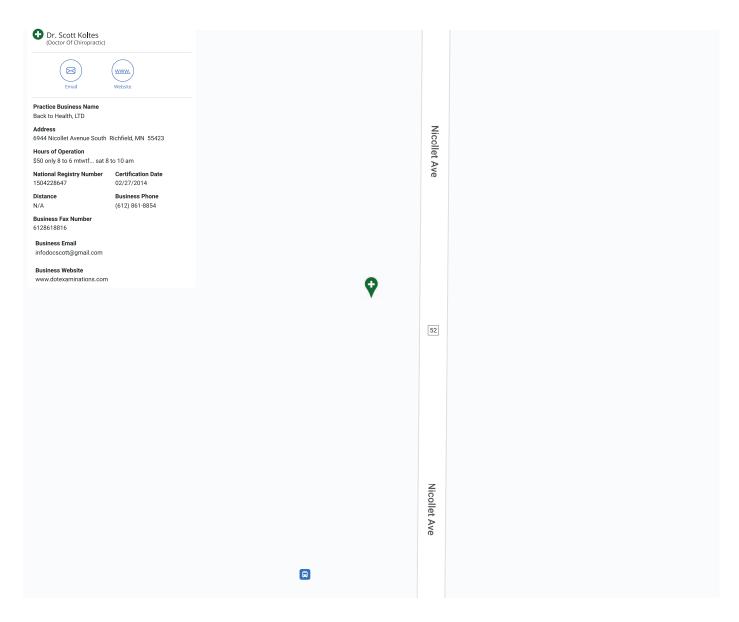
THE PURPOSE AND ADDRESS OF THE PARTY OF THE

An official website of the United States government Here's how you know



Home Register <u>Find A Medical Examiner</u> Resource Center Contact Us

☐ Login



Coogle Map data ©2023 Google Report a map error

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

About News and Events About FMCSA Press Releases Regulations Safety Speeches Testimony Analysis FMCSA Portal Emergency Declarations Resources Resources for Carriers Resources for Consumers Resources for Drivers Forms Trending Topics

Policies, Rights, Legal Budget and Performance Civil Rights FOIA Information Quality No FEAR Act Office of Inspector General

Subscribe To Email Updates

0

¥