

Form MCSA-5876

OMB No. 2126-0006

Expiration Date 12/31/2024

## Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

shall a person be subject to a penalty for failure to comply with a collection of information that does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



US Department of Transportation  
Federal Motor Carrier  
Safety Administration

## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

## CMV DRIVER CERTIFICATION

I Certify that I have examined Last Name: Omar 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 that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with 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):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wearing Corrective Lenses | <input type="checkbox"/> Accompanied by a waiver/exemption                   | <input type="checkbox"/> Driving with in an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing Hearing Aid       | <input type="checkbox"/> Accompanied by a Skill Evaluation (SPE) certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                  |

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

☐ Grandfathered from State requirements  
Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Name

Scott C. Koltes, D.C.

Medical Examiner's State License

4186 MN

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

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner

Issuing State

Minnesota

Date Certificate Signed

09-18-2023

National Registry Number

1504228647

Driver's Signature:

Driver's Address:

Street Address:

Driver's License Number:

City:

State/Province:

Zip Code:

Issuing State/Province:

CLP/CDL Applicant/Holder

☒ Yes ☐ No



 **Dr. Scott Koltes**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**  
Back to Health, LTD

**Address**  
6944 Nicollet Avenue South Richfield, MN 55423

**Hours of Operation**  
\$50 only 8 to 6 mtwtf... sat 8 to 10 am

**National Registry Number** 1504228647  
**Certification Date** 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



Nicollet Ave

52

Nicollet Ave



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

Subscribe To Email Updates



**About**  
[About FMCSA](#)  
[Regulations](#)  
[Safety](#)  
[Analysis](#)  
[FMCSA Portal](#)

**News and Events**  
[FMCSA Newsroom](#)  
[Press Releases](#)  
[Speeches](#)  
[Testimony](#)  
[Emergency Declarations](#)

**Resources**  
[Career Center](#)  
[Resources for Carriers](#)  
[Resources for Consumers](#)  
[Resources for Drivers](#)  
[Forms](#)  
[Contact Us](#)  
[Trending Topics](#)

**Policies, Rights, Legal**  
[About DOT](#)  
[Budget and Performance](#)  
[Civil Rights](#)  
[FOIA](#)  
[Information Quality](#)  
[No FEAR Act](#)  
[Office of Inspector General](#)