

Public Burden Statement

If Federal agency may not conduct or sponsor, and a person is not required to respond to a penalty for failure to comply with the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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-PRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. 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: NEIBAUR First Name: BRUCE 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,
 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: 8/21/2025

Medical Examiner's Signature: [Signature]
Medical Examiner's Name (please print or type): Taylor, Croether
Medical Examiner's State License, Certificate, or Registration Number: 10403064-1206
Medical Examiner's Telephone Number: 801-492-1611
Date Certificate Signed: 8/21/2023
Issuing State: UT
National Registry Number: 8331581451

Driver's Signature: [Signature]
Driver's Address: 3932 DATEMAN DR
City: EAGLE MOUNTAIN State/Province: UT Zip Code: 84005
Driver's License Number: 172462083
Issuing State/Province: UT
CLP/CDL Applicant/Holder: Yes No

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+ Mr. Taylor Crowther
(Physician Assistant)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
8331581451	06/05/2014

