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

**MEDICAL EXAMINER'S CERTIFICATE**  
(for Commercial Driver Medical Certificate)

**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Gray (first name) Titus in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 (specify type): \_\_\_\_\_
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
- ☐ 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

2/28/2024

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

*[Signature]*

Medical Examiner's Telephone Number

(601) 939-0700

Date Certificate Signed

2/28/2022

Medical Examiner's Name (please print or type)

Bobbie Britt West

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

17449

Issuing State

MS

National Registry Number

6957713441

**CMV DRIVER INFORMATION**

Driver's Signature

*[Signature]*

Driver's License Number

007899182

Issuing State/Province

LA

Driver's Address

Street Address: 750 Parlange Dr

City:

Baton Rouge

State/Province:

LA

Zip Code:

70806

CDL/CDL Applicant/Holder ☒ Yes ☐ No

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 **Dr. Bobbie West**  
(Medical Doctor)



Email



Website

**Practice Business Name**

MEA Pearl

**Address**

342 Gilchrist Drive Pearl, MS 39208

**Hours of Operation**

-

**National Registry Number**

6957713441

**Certification Date**

05/01/2014

**Distance**

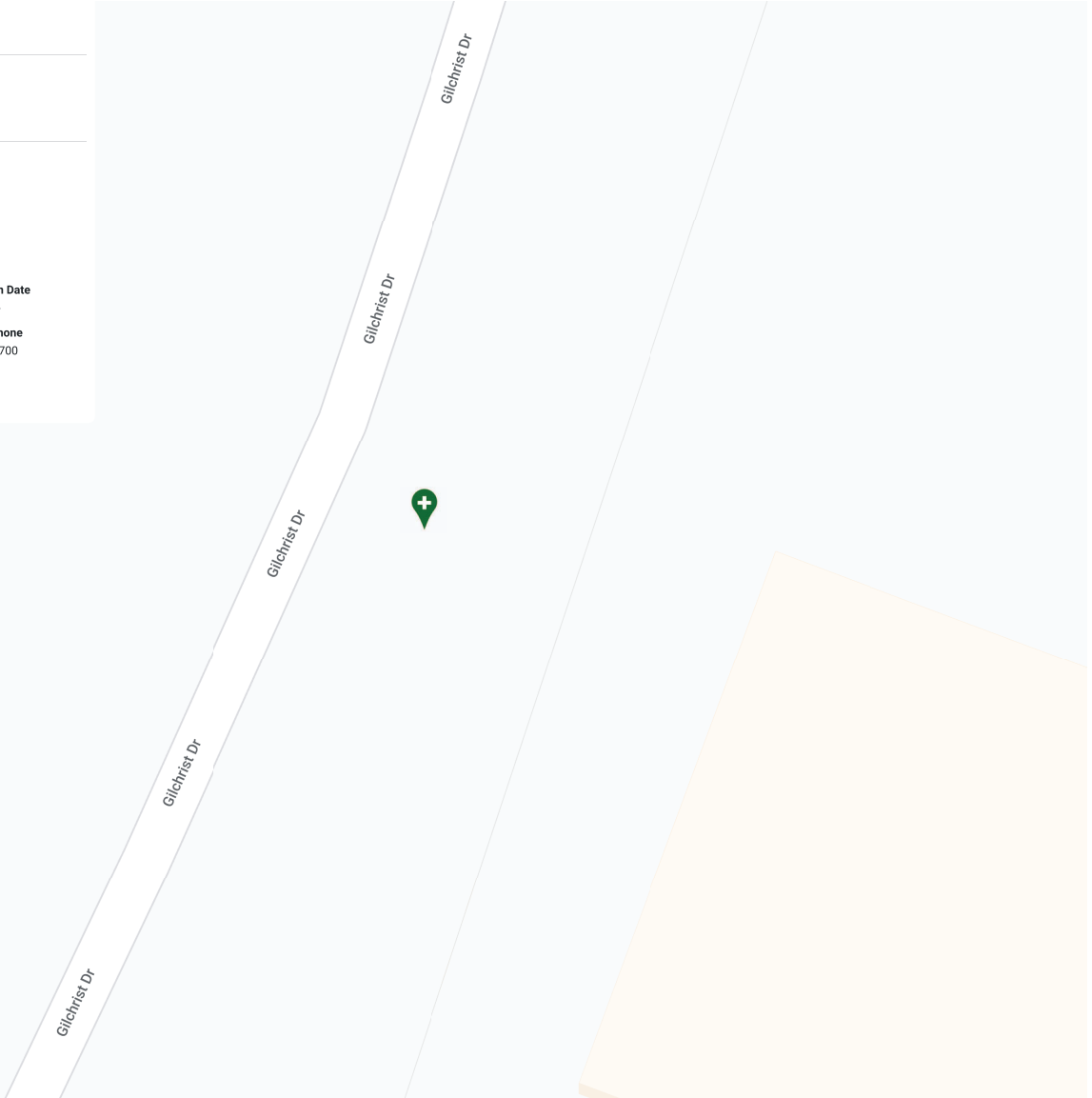
N/A

**Business Phone**

(601) 939-0700

**Business Fax Number**

-



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U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration**

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