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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230616470965

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: GILBREATH First Name: FREDDIE 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

I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

6/16/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

(630) 986-7501

Date Certificate Signed

6/16/2023

Medical Examiner's Name (please print or type)

ANTHONY BILOTTA

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

IL

National Registry Number

6305202909

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

036073808

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

20125732

Issuing State/Province

TX

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Driver's Address

Street Address: 4132 BELLE PARK DRCity: HOUSTONState/Province: TXZip Code: 77072

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 **Dr. Anthony Bilotta**
(Doctor Of Osteopathy)



Email



Website

Practice Business Name
Willowbrook Medical Center

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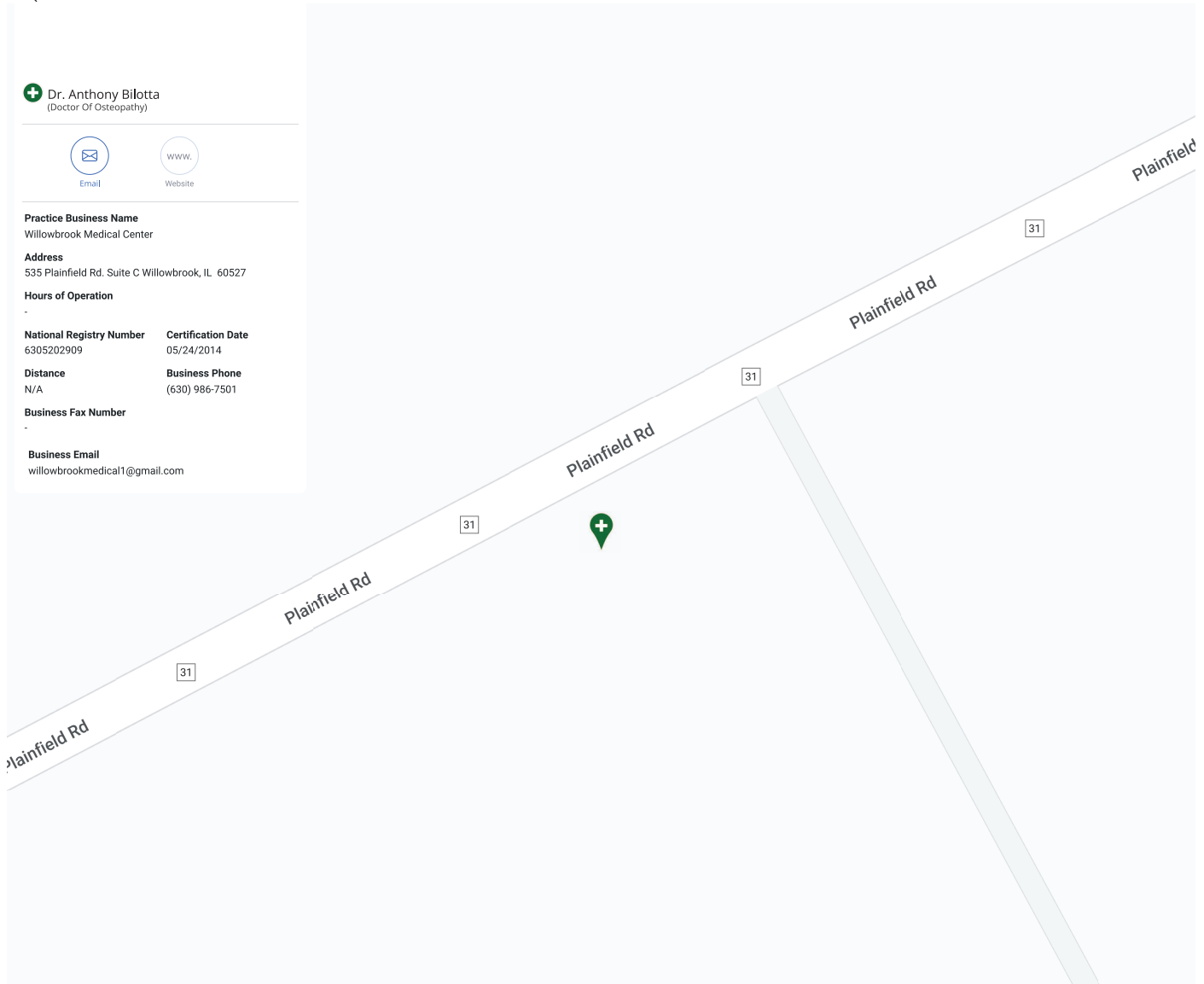
Hours of Operation
-

National Registry Number **Certification Date**
6305202909 05/24/2014

Distance **Business Phone**
N/A (630) 986-7501

Business Fax Number
-

Business Email
willowbrookmedical1@gmail.com



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U.S. DEPARTMENT OF TRANSPORTATION
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