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Expiration
Date:
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/2025

Zip Code: 87417 Yes O No	State/Province: NM	Driver's Address Street Address: 393 Road 6100 Spc 7 City: Kirtland
Issuing State/Province NM	Driver's License Number 123990285	Driver's Signature
O Advanced Practice Nurse O Other Practitioner (<i>specify</i>) National Registry Number 7011791492	OMD OPhysician Assistant O ODO OChiropractor O Issuing State GA	Medical Examiner's Name (please plint or type) Robert Kalensky Medical Examiner's State License, Certificate, or Registration Number 5062
r Date Certificate Signed 11/28/2022	I Exa 429-	Medical Examiner's Signature
Medical Examiner's Certificate Expiration Date 11/28/2023	omplete Medical Examination Report Form, file in my office.	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.
 in accordance with (<i>please check only one</i>): is person is qualified, and, if applicable, only when (<i>check all that apply</i>) OR y be valid for intrastate operations), and, with knowledge of the driving duties, □ Driving within an exempt intracity zone (<u>49 CFR 391.62</u>) (<i>Federal</i>) □ Qualified by operation of <u>49 CFR 391.64</u> (<i>Federal</i>) □ Grandfathered from State requirements (<i>State</i>) 	e: Steve in accord f the driving duties, I find this person is qualified is qualified f the driving duties, I find this person is qualified is qualified te variances (which will only be valid for intrast waiver/exemption Driving within a waiver/exemption Driving within a Certificate Qualified by ope Certificate Grandfathered f Image: State of the	I certify that I have examined Last Name: Baisden First Name: SteVe in accordance with (please check only one): Image: 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 Image: Check only one: Image: Check only one: Image: Check only one: Image: Check only 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 Image: Check only one: Image: Check only one: Image: Check only one: Image: Check only 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): Image: Check only only only only only only only only
	Medical Examiner's Certificate (for Commercial Driver Medical Certification)	U.S. Department of transportation Medical Es rederal Meior Carrier (for Comment Safety Administration) (for Comment
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Rev 3/29/22

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