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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

First Name: Ray in accordance with (please check only one):
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
391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties,
then (check all that apply):
by a _____ waiver/exemption
by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intrastate zone (49 CFR 391.63) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
examination is true and complete. A complete Medical Examination Report Form,
is completely and correctly, and is on file in my office.

Medical Examiner's Telephone Number _____ Date Certificate Signed 6/13/17
☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State _____ National Registry Number 2711999109
Registration Number 189

Driver's License Number 5455744067351 Issuing State/Province MD CLP/CDL Applicant/Holder
City: Ranpakstown State/Province: MD Zip Code: 21133 Yes ☒ No ☐