

OMB No. 2126-0006 Expiration Date 11/30/2021

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

Medical Examiner's Certificate

(for Commercial Driver's License Candidates)

I certify that I have examined Last Name: Spicer First Name: Corbit 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 ☐ 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 Signature: Marcia Montemaro FR Medical Examiner's Telephone Number: 410-636-9618 Date Certificate Signed: 8-10-2022

Medical Examiner's Name (please print or type): MARCIA MONTEMARO ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: APN 5522 ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State: TN National Registry Number: 9437727154

Driver's Signature: C. Corbit Driver's License Number: S-126-122-465-861 Issuing State/Province: MD

Driver's Address: 5791 ELKRIDGE HEIGHTS RD City: ELKRIDGE State/Province: MD Zip Code: 21075 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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