

Form MCSA-5876

Public Burden Statement

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OMB No. 2126-0066 Expiration Date: 11/30/2021

U.S. Department of Transportation
Federal Motor Carrier
Safety AdministrationMedical Examiner's Certificate
(For Operators of Motor Medical Certification)

I certify that I have examined Last Name: SMITH

First Name: CONELEDUS

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.

☐ 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 Certificate Expiration Date

01/27/2022

Medical Examiner's Signature

Patrick Ingram, DC

Medical Examiner's Telephone Number

410-833-3038

Date Certificate Signed

01/27/2020

Medical Examiner's Name (please print or type)

Patrick E Ingram

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

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

803384

Issuing State

MD

National Registry Number

6713382780

Driver's Signature

Constance Hill

Driver's License Number

8-630-122-135-113

Issuing State/Province

MD

Driver's Address

Street Address: 12 DAUBER CT

City: WINDSOR MILL

State/Province: MD

Zip Code: 21244

CLP/COL Applicant/Holder

☒ Yes ☐ No