

Public Burden Statement

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: LIUATT First Name: Rodney 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)

Medical Examiner's Certificate Expiration Date
11/15/2018

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 <u>[Signature]</u>	Medical Examiner's Telephone Number <u>703-497-1234</u>	Date Certificate Signed <u>11/15/16</u>
Medical Examiner's Name (please print or type) <u>Laura Rigney</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>0024164011</u>	Issuing State <u>VA</u>	National Registry Number <u>9347575083</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>B66171331</u>	Issuing State/Province <u>VA</u>
Driver's Address <u>3704 Jackson Farm Rd</u> Street Address: <u>3704 Jackson Farm Rd</u> City: <u>Hopewell</u> State/Province: <u>VA</u> Zip Code: <u>23560</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

Virginia

VA, USA

COMMERCIAL DRIVER'S LICENSE

Customer identifier

B66171331

Name

LIVATT

RODNEY, MERSHION

Address

3704 JACKSON FARM RD
HOPEWELL, VA 23860-4009

Sex

M

Class

A

Date of birth

07/08/1975

Eyes

BRO

Endorsements

NONE

Iss REI

12/29/2016

Height

5 FT 6 IN

Restrictions

NONE

Exp

07/08/2020

DD 077284748



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