



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

Public Burden Statement

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

I certify that I have examined **Last Name:** Marshall **First Name:** Richard

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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ 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 Date6/29/18**Medical Examiner's Signature**Melissa Khan**Medical Examiner's Name (please print or type)**Melissa Khan PAC**Medical Examiner's State License, Certificate, or Registration Number**C65378**Medical Examiner's Telephone Number**4107523010**Date Certificate Signed**6/29/16

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

Issuing StateMD**National Registry Number**7464482317**Driver's Signature**Richard Marshall**Driver's License Number**M-624-738-085-861**Issuing State/Province**MD**Driver's Address**

Street Address: 4413 WENTWORTH ROAD City: Baltimore State/Province: MD Zip Code: 21207

CLP/CDL Applicant/Holder☒ Yes ☐ No