

Public Budgetary Statement

Public Burden Statement

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Department of Transportation

Motor Carrier Administration

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

(For Commercial Driver Medical Certification)

First Name	Last Name	ORR	in accordance w
DAVID			

- 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
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41–391.49) with any applicable State variances (which will only be valid for intrastate operation).

I find this person is qualified, and, if applicable, only when (percentage of FF)

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

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 I

01/10/2024

Medical Examiner's Signature

Medical Examiner's Name (signature)

Medical Examiner's Name (please print or type)

Wrona, Kathleen

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

C0004083

Medical Examiner's Telephone Number	Date Certificate Signed

(410)247-9595

01/10/2022

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

Issuing State

MD

National Registry Number

8317684192

Driver's Signature _____

Driver's Address

Street Address: 6005 Barstow Rd

Driver's License Number

MD10272030185

Issuing State/Province

MD

City: Baltimore

State/Province: MD

Zip Code: 21206

CLP/CDL Applicant/Hold

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