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

I certify that I have examined **Last Name:** Cullen **First Name:** Robert 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  
09/14/2021

**Medical Examiner's Signature** \_\_\_\_\_ **Medical Examiner's Telephone Number** 360-676-1693 **Date Certificate Signed** 09/17/2020

**Medical Examiner's Name (please print or type)** Tim Pearson, ARNP, Whatcom Occupational Health  MD  Physician Assistant  Advanced Practice Nurse

**Medical Examiner's State License, Certificate, or Registration Number** 030004039 WA  DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_ **Issuing State** Washington **National Registry Number** 4518665037

**Driver's Signature** R Cullen **Driver's License Number** WDL231886638 **Issuing State/Province** WA

**Driver's Address** 3624 W. BUSBY DR. **City:** Bellingham **State/Province:** WA **Zip Code:** 98225 **CLP/CDL Applicant/Holder**  Yes  No

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