US Department of Transportation ederal Wolp Carrier Public Burden Statement

A Federal agency may not conductor sponsor, and a person is not required to respond to, not shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information is estimated to be approximately 1 minute per response that collection of information is estimated to be approximately 1 minute per response including the time for reviewing instructions gathering the data needed, and completing and reviewing the collection of information of information including suggestions for reducing this burden of information Collection Clearance Officer Federal Motor Carrier Satery Administration, MCRRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examine & Contificate (Grownierich)

| I certify that I have examined Last Name: Cooper First Name: Aubery in accordance with (please check only one): (a) 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. | in accordance with (please check only one): driving duties, I find this person is qualified, and, if appriances (which will only be valid for intrastate operation) | ordance with (please check only one): d this person is qualified, and, if applicable, only when (check all that apply) OR only be valid for intrastate operations), and, with knowledge of the driving duties, |
|---|--|---|
| ∑ Wearing corrective lenses | | 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. | ny office. | Medical Examiner's Certificate Expiration Date 07/28/2023 |
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| Medical Examiner's Signature | Medical Examiner's Telephone Number 360-334-7001 | mber Date Certificate Signed 07/28/2021 |
| Medical Examiner's Name (please print or type) Matthew Oxiles | OMD OPhysician Assistant ODO OChiropractor | Advanced Practice Nurse Other Practitioner (specify) |
| Medical Examiner's State License, Certificate, or Registration Number AP60273034 | Issuing State Washington | National Registry Number 8851766909 |
| | | |
| Driver's Signature | Driver's License Number WDL7RR26523B | Issuing State/Province Washington |
| | | |
| Street Address: 208 O'Neal Rd City: Kalama | State/Province: WA | Zip Code: 98625 O Yes (1) No |