

Form MTD-6 3078

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Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name: BOESMAN** **First Name: Eric** in accordance with please check only one

the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.20) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when a check all that apply **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.20) 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

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)

Accompanied by a waiver exemption

Wearing corrective lenses Accompanied by a DMV Performance Evaluation (SPE) Certificate

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5876, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Telephone Number: 509 200 8711 Date Certificate Signed: 11/18/11

Medical Examiner's Signature: Eric Boesman National Registry Number: 161801704

Medical Examiner's Name (please print or type): Eric Boesman Issuing State: WA

Medical Examiner's State License, Certificate, or Registration Number: AP00085150

Medical Examiner's Certificate Expiration Date: 8-1-11

Driver's Signature: Eric Boesman Issuing State: WA

Driver's License Number: 2002674002 State: WA

Driver's Address: 1530 1st Ave SE, Everett, WA 98201

Applicant/Holder: Eric Boesman Yes No

2011 MAR -2 PM 3:46

RECEIVED RECORDS MANAGEMENT

DEPARTMENT OF TRANSPORTATION

STATE OF MINNESOTA

Advisory Statement: A medical examiner may not conduct or supervise and a person is not required to respond to this form if a person is not applying for a permit or license... (small print text)



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

CMV Driver Medical Examination Results Form

CMV Driver's Name and Address (use Legal Name as listed on Government-Issued Identification)

Last Name: Rossman First Name: Eric William M.
Street Address: 705 Riverside Dr. Unit 8200 Wenatchee, WA 98801
City: Wenatchee State/Province: WA Zip Code: 98801
E-mail: _____

CMV Driver's License Information

Driver's License Number: ROSSMEN370DD Issuing State/Province: WA Date of Birth: 3416
CLP/CDL Applicant/Holder: Yes No

Examination Information (please complete only one of the Examination Information sections below)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) or Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) and any applicable State regulations.

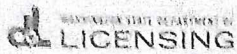
Examination Result: Medically Qualified
Date MEC signed/issued: 1-18-17
(use mm/dd/yyyy format)
 Medically Unqualified
Date of examination/determination: _____
(use mm/dd/yyyy format)
 Determination Pending
Date of examination: _____
(use mm/dd/yyyy format)
 Incomplete Examination
Date of examination: _____
(use mm/dd/yyyy format)

Date of Examination: _____
(use mm/dd/yyyy format)
Examination Result: Medically Qualified
 Medically Unqualified
Medical Examiner's Certificate Expiration Date:
(applicable when "Medically Qualified" is selected above) _____
(use mm/dd/yyyy format)

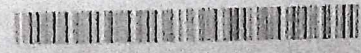
Medical Examiner's Certificate Expiration Date: 1-18-18
(applicable when "Medically Qualified" is selected above)
(use mm/dd/yyyy format)

Restrictions and Variances (check all that apply)

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a waiver/exemption (Specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (49 CFR 391.43, Federal)
- Qualified by operation of 49 CFR 391.43, (Federal)
- Grandfathered from State requirements (State)



Commercial Driver License Skills Test Results



STARCDL

220565

This form is used to track test results for obtaining or upgrading a commercial driver's license. Take this form back to any driver licensing office after passing your test to get your new license.

See reverse side of this form for CDL Skills Testing Requirements and Customer Ground Rules.

DO NOT USE ONLY	Name (Last, First, Middle) ROSSMAN, ERIC MARTIN					Driver license number ROSSMAN 37000		
	Knowledge test results		Double/Trip		Har/Mot		LSA range	
	General 999	Passenger 100%	Double/Trip 999	Har/Mot AA	Air brakes 999		LSA range 3E	
	Comb A 999	School bus 085%	Tank 999					LSO 20212
Subject or employer when training was completed				Test by DCI	Test by TPT ESD	Test by Trans	Test by SD	Test by 1-19-17
Signature of driver obtained at driver licensing office <i>[Signature]</i>						Date signed 1-19-17		
Authorization#	Med cert exp date	Insurance exp date	Plate number	Test fee \$	Admin fee \$	Equip fee \$		
Signature of driver X								
Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Transmission <input type="checkbox"/> M <input type="checkbox"/> A	Air brakes <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> H	CDL DVOR	PL plate number	TL DVOR	TL plate number		
Vehicle type		Score	Score	Score	Score	Pass	Disq	
<input type="checkbox"/> Combo-Tractor/Semi-trailer	<input type="checkbox"/> Coach/Bus	14-25	Pre-trip	Score	Score	Pass	Disq	
<input type="checkbox"/> Combo-Truck/Trailer	<input type="checkbox"/> School Bus	26-39	Basic controls	Score	Score	Pass	Disq	
<input type="checkbox"/> Straight Truck		40-53	Road test	Score	Score	Pass	Disq	
Comments								

Complete the gray sections below for the driver's second test attempt only

Authorization#	Med cert exp date	Insurance exp date	Plate number	Test fee \$	Admin fee \$	Equip fee \$		
Signature of driver X								
Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Transmission <input type="checkbox"/> M <input type="checkbox"/> A	Air brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	CDL DVOR	PL plate number	TL DVOR	TL plate number		
Vehicle type		Score	Score	Score	Score	Pass	Disq	
<input type="checkbox"/> Combo-Tractor/Semi-trailer	<input type="checkbox"/> Coach/Bus	14-25	Pre-trip	Score	Score	Pass	Disq	
<input type="checkbox"/> Combo-Truck/Trailer	<input type="checkbox"/> School Bus	26-39	Basic controls	Score	Score	Pass	Disq	
<input type="checkbox"/> Straight Truck		40-53	Road test	Score	Score	Pass	Disq	

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X	X
PRINT or TYPE name of applicant	PRINT or TYPE name of examiner (not teacher/instr)
Signature of applicant	Signature of examiner
Date and place	Date and place

Test type collected by
Authorization# **LSO #**

WE ARE COMMITTED TO PROVIDING QUALITY ACCESS TO OUR SERVICES. FOR MORE INFORMATION, VISIT www.wa.gov OR CALL 1-800-541-5000.

Driving Record - MEEKSLJ5530G

Abstract of Complete Driving Record
 This information is current as of 1/17/2017 11:42:26 AM

Driver information	
PIC	MEEKS-LJ-5530G
Name	Meeks, Larry John
Gender	Male
DOB	9/7/1945
Restrictions	
PDL C	Corrective Lenses -

Driver license status	
Status	Clear
Issued	9/15/2015
Expires	9/7/2021
Original issue date	

CDL status	
CDL status	Clear
Class	B - Trucks/Buses over 26,000 GVWR
CDL self-certification	Excepted interstate
Self-certification date	8/24/2012
Medical certification	No status

Endorsements/Permits	
Passenger transport allowed	P1
School bus - Any size	S1

No violations, convictions, or accidents currently on file for this record.

Driving Record - MUTH*MP320RQ

Abstract of Complete Driving Record
This information is current as of 1/17/2017 11:29:14 AM

Driver information	
PIC	MUTH*-MP-320RQ
Name	Muth, Michael Potter
Gender	Male
DOB	12/18/1968
Restrictions	
CDL U CDL Intrastate Only -	

Driver license status	
Status	Clear
Issued	12/18/2015
Expires	12/18/2021
Original issue date	6/19/1984

CDL status	
CDL status	Clear
Class	B - Trucks/Buses over 26,000 GVWR
CDL self-certification	Non-excepted intrastate
Self-certification date	12/19/2013
Medical certification	No status

Endorsements/Permits	
Passenger transport allowed	P1

No violations, convictions, or accidents currently on file for this record.

Driving Record - JOHNSWS343BB

Abstract of Complete Driving Record

This information is current as of 1/17/2017 11:35:47 AM

Driver information	
PIC	JOHNS-WS-343BB
Name	Johnson, William S
Gender	Male
DOB	1/2/1966
Restrictions	
PDL C	Corrective Lenses -
CDL U	CDL Intrastate Only -
CDL K	No Air Brakes -

Driver license status	
Status	Clear
Issued	12/30/2015
Expires	1/2/2022
Original issue date	7/25/1997

CDL status	
CDL status	Clear
Class	C - Vehicles under 26,001 GVWR
CDL self-certification	Non-accepted intrastate
Self-certification date	1/30/2012
Medical certification	No status

Endorsements/Permits	
Passenger transport allowed except class A/B buses	P2

Collisions								
Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case #	Vehicle class	Veh At type fault
3/20/2015	Moving	E409869	2	0	0			

Comments	
Date	Comment
1/31/1996	Moved out of state to TX1. Returned to WA on 7/25/1997