

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Mitchell (first name) John 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
 - 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 391.62) (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 Date

05/09/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

(425)774-8758

Date Certificate Signed

05/09/2022

Medical Examiner's Name (please print or type)

Guo, Jin

MD Physician Assistant

Advanced Practice Nurse

DO Chiropractor

Other Practitioner (specify) _____

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

PA10004502

Issuing State

WA

National Registry Number

4441932058

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

wdlb55nd813b

Issuing State/Province

WA

Driver's Address

Street Address: 5030 194th st sw

City: Lynnwood

State/Province: WA

Zip Code: 98036

CLP/CDL

Yes No