

Public Notice Statement
A vehicle operator may not conduct an operation and a person is not required to respond to, nor 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 the collection of information displays a current valid OMB Control Number. This does not include requests for information that are required to be approved by the Office of Management and Budget under section 503(b)(2)(C) of the Paperwork Reduction Project (including the use for reviewing comments, gathering the data required, and compiling and reviewing the collection of information). All requests for the collection of information are mandatory. All comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden for Information Collection, should be addressed to Washington, DC 20503.

225 Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate (For Commercial Exam Medical Certificate)

I certify that I have examined **Last Name: BUJOHEANU** **First Name: RADU** 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 Accompanied by a driver/reimposition Driving within an exempt intracity zone (49 CFR 391.621 (f)(6)(ii))
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Exempt) Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
5/11/2022

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5075, with any attachments embodies my finding completely and correctly, and is on file in my office.

Medical Examiner's Signature
Linsley N Tomaro

Medical Examiner's Name (please print or type)
Linsley N Tomaro

Medical Examiner's State License, Certificate, or Registration Number
PA60987916

Medical Examiner's Telephone Number
(425) 291-3300

MD Physician Assistant Advanced Practice Nurse
 DPO Chiropractor Other Practitioner (specify)

Issuing State
WA

Date Certificate Signed
5/11/2020

National Registry Number
7346212530

Driver's Signature
Radu

Driver's Address
Street Address: **1220 72ND ST SE, APT 202** City: **AUBURN**

Driver's License Number
WDL7P28183B

State/Province: **WA**

Issuing State/Province
WA

Zip Code: **98092** Yes No CLP/CCL Applicant/Holder