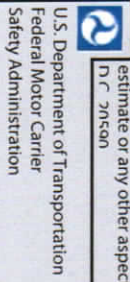


Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RR4, 1200 New Jersey Avenue, SE, Washington, DC 20590



MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** Prall **(first name)** Tyler 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 waiver/exemption (Specify type): _____ 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
05/02/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature [Signature]

Medical Examiner's Name (please print or type) Chatilo, Alexander

Medical Examiner's Telephone Number (425)259-0300 Date Certificate Signed 05/02/2022

Medical Examiner's State License, Certificate, or Registration Number MDD00044546
Issuing State WA National Registry Number 8903862783

CMV DRIVER INFORMATION

Driver's Signature [Signature]
Driver's Address [Address]

Street Address: 10804 37th Ave SE City: Everett State/Province: WA Zip Code: 98208 CLP/CDL Yes No

Driver's License Number WDLSPB29413B Issuing State/Province WA

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

Public Burden Statement
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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 Name *(please print or type)*

Guo, Jin

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

PA10004502

Medical Examiner's Telephone Number

(425)774-8758

Date Certificate Signed

05/09/2022

- MD
- Physician Assistant
- DO
- Chiropractor
- Other Practitioner *(specify)* _____

Issuing State

WA

National Registry Number

4441932058

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Driver's License Number

wdlb55nd813b

Issuing State/Province

WA

CLP/CDL

Street Address: 5030 194th st sw

City: Lynnwood

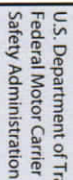
State/Province: WA

Zip Code: 98036

Yes No

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MEDICAL EXAMINER'S CERTIFICATE
 (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** Freeman **(first name)** Paul 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 waiver/exemption *(specify type)*: _____
 - Wearing hearing aid
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intracity zone (49 CFR 391.62) (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
 08/10/2022

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number (425)774-8758 Date Certificate Signed 05/10/2022

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 FREEMPD410PB Issuing State/Province WA CLP/CDL

Street Address: 13920 25th Ave SE City: Mill Creek State/Province: WA Zip Code: 98012 Yes No

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