Form MCSA-5876

OMB No.: 2126-0006

Expiration Date: 03/31/2025

**Public Burden Statement** 

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-RRA, 1200 New Jersey Avenue, SE, Washington, 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 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 is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

A Zip Code: 98155 O Yes • No	State/Province: WA	City: Shoreline	Street Address: 240 ne 157th st
CLP/CDL		7	Drived Address 11 10 A
WA	WDL1R613153B		1 / / / / /
Issuing State/Province	Driver's License Number		Driver's Signature
			CMV DRIVER INFORMATION
7200478866	WA		PA10003/40
National Registry Number	Issuing State	tificate, or Registration Number	Medical Examiner's State License, Certificate, or Registration Number
O Other Practitioner (specify)	O DO O Chiropractor		Card, David
nt O Advanced Practice Nurse	O MD Physician Assistant	t or type)	Medicar Examiner's Name (please print or type)
04/25/2022	(425)865-8060		0
one Number Date Certificate Signed	Medical Examiner's Telephone Number		Medical Examiner's Signature
		V	MEDICAL EXAMINER INFORMATION
CSA- 04/25/2024	plete Medical Examination Report Form, MC ffice.	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.	The information I have provided regarding this page 5875, with any attachments embodies my findir
Medical Examiner's Certificate Expiration Date			
Driving within an exempt intracity zone ( <u>49 CFR 391.62)</u> ( <i>Federal</i> )  Qualified by operation of <u>49 CFR 391.64</u> ( <i>Federal</i> )  Grandfathered from State requirements ( <i>State</i> )		Accompanied by a waiver/exemption ( <i>specify type</i> ):  Accompanied by a Skill Performance Evaluation (SPE) Certificate	☐ Wearing corrective lenses ☐ Acco☐ Wearing hearing aid ☐ Acco
is qualified, and, if applicable, only when (check all that apply) $\mathbf{OR}$ for intrastate operations), and, with knowledge of the driving duties, I find this person is	iving duties, I find this person is qualified, and, i inces (which will only be valid for intrastate ope	• the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid qualified, and, if applicable, only when (check all that apply):	the Federal Motor Carrier Safety Regulations (49 CFR 391.4     the Federal Motor Carrier Safety Regulations (49 CFR 391.4     qualified, and, if applicable, only when (check all that apply):
in accordance with (please check only one):	Nick	Urbach (first name)	I certify that I have examined (last name)
			CMV DRIVER CERTIFICATION

Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2025

**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 be approximately one minute per 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-RRA, 1200 New Jersey Avenue, SE, Washington, 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

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

## MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

Zip Code: 98208- O Yes • No	State/Province: WA	Street Address: 10804 37th Ave SE City: Everett
CLP/CDL		Drivey's Address
WA	WDL5PB29413B	
Issuing State/Province	Driver's License Number	Driver's Signature
		CMV DRIVER INFORMATION
8903862783	WA	MD00044546
National Registry Number	Issuing State	Medical Examiner's State License, Certificate, or Registration Number
O Other Practitioner (specify)	O DO O Chiropractor	Chatilo, Alexandr
O Advanced Practice Nurse	MD O Physician Assistant	letical buildings Name (please print or type)
05/02/2022	(425)259-0300	
Number Date Certificate Signed	Medical Examiner's Telephone Number	Medical Exeminer's Signature
		MEDICAL EXAMINER INFORMATION
05/02/2024	te Medical Examination Report Form, MCSA- ce.	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		
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)		✓ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ( <i>specify type</i> ): ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
icable, only when ( <i>check all that apply</i> ) <b>OR</b> ıs), and, with knowledge of the driving duties, I find this person is	ng duties, I find this person is qualified, and, if applic es (which will only be valid for intrastate operations	• 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):
in accordance with (please check only one):	Tyler in accordan	I certify that I have examined (last name) Prall (first name)
		CMV DRIVER CERTIFICATION

disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements. This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent

Form MCSA-5876

Public Burden Statement

OMB No.: 2126-0006

06 Expiration Date: 03/31/2025

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-RRA, 1200 New Jersey Avenue, SE, Washington, 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 be 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

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

## MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

Street Address: 5030 194th st sw City: lynnwood	CMV DRIVER INFORMATION  Driver's Signature  wdlbs	Medical Examiner's Name (please print or type)       O MD         Guo, Jin       O DO         Medical Examiner's State License, Certificate, or Registration Number       Issuin         PA10004502       WA		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.	<ul> <li>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</li> <li>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) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified by operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li> <li>qualified, and, if applicable, only when (check all that apply) OR</li></ul>	COVIV DRIVER CERTIFICATION  Logical Processing Control of Control
State/Province: WA	<b>Driver's License Number</b> wdlb55nd813b	Physician Assistant     Chiropractor      State	Medical Examiner's Telephone Number	xamination Report Form, MCSA-	d this person is qualified, and, if applicable, or only be valid for intrastate operations), and, v	<b>John</b> in accordance with
CLP/CDL Zip Code: 98036 O Yes O No	Issuing State/Province	O Advanced Practice Nurse O Other Practitioner ( <i>specify</i> )  National Registry Number  4441932058	Pate Certificate Signed	Medical Examiner's Certificate Expiration Date 05/09/2024	ed, and, if applicable, only when ( <i>check all that apply</i> ) <b>OR</b> state operations), and, with knowledge of the driving duties, I find this person is 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)	in accordance with (please check only one):

Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2025

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 be 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-RRA, 1200 New Jersey Avenue, SE, Washington,

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) 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):	driving duties, I find this person is qualified, and, if applical riances (which will only be valid for intrastate operations),	is qualified, and, if applicable, only when (check all that apply) $\mathbf{OR}$ for intrastate operations), and, with knowledge of the driving duties, I find this person is
✓ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate	E) 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 findinas completely and correctly, and is on file in my office.	mplete Medical Examination Report Form, MCSA- office.	Medical Examiner's Certificate Expiration Date 08/10/2022
MEDICAL EXAMINER INFORMATION		
Medical Examiner's Signature	Medical Examiner's Telephone Number	mber Date Certificate Signed
	(425)774-8758	05/10/2022
Medical Examiner's Name (please print or type)	O MD	O Advanced Practice Nurse
Guo, Jin	O DO O Chiropractor	O Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
PA10004502	WA	4441932058
CMV DRIVER INFORMATION		
Driver's Signature	Driver's License Number	Issuing State/Province
J \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FREEMPD410PB	WA
Driver's Address		CLP/CDL
Street Address: 13920 25th Ave SE City: Mill Creek	State/Province: WA	Zip Code: 98012 • Yes O No