

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:** ROBERTS **First Name:** DOLLIE 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
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- 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
Mar 24, 2027

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

JAY MCCLANAHAN

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

828

Medical Examiner's Telephone Number

3047761520

Date Certificate Signed

MAR 24, 2026

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner (specify) _____

Issuing State

WV

National Registry Number

8263419088

Driver's Signature

Driver's License Number

E880021

Issuing State/Province

WV

Driver's Address

Street Address: 1286 BULGER RD City: ALKOL State/Province: WV Zip Code: 25501

CLP/CDL Applicant/Holder

Yes No

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