

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:** SEARLS**First Name:** BRUCE

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
- ☐ 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)

Medical Examiner's Certificate Expiration Date**Aug 25, 2027**

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 Signature**Medical Examiner's Telephone Number**

3047761520

Date Certificate Signed

AUG 25, 2026

Medical Examiner's Name (please print or type)

JAY MCCLANAHAN

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

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

828

Issuing State

WV

National Registry Number

8263419088

Driver's Signature**Driver's Address**

Street Address: 1288 BULGER ROAD

City: ALKOL

State/Province: WV

Zip Code: 25501

Issuing State/Province

WV

CLP/CDL Applicant/Holder☐ Yes ☒ No