

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

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

I certify that I have examined **Last Name:** Kimen **First Name:** Sonuel 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) ☐ 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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

9/23/18

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

[Signature]

Medical Examiner's Name (please print or type)

Thomas J. Cent. Jr.

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

D0051488

Medical Examiner's Telephone Number

443-327-7449

Date Certificate Signed

9/23/16

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

Issuing State

MD

National Registry Number

5097649253

Driver's Signature

Samuel N. Kimen

Driver's License Number

K550758631913

Issuing State/Province

MD

CLP/CDL Applicant/Holder

Driver's Address

3000 E. ...

DRIVER

ORIGINAL

7377 (Rev. 1/16)