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

### Medical Examiner's Certificate (for Commercial Driver Medical Certification)

First Name: **MAURICE**

131706138734

I certify that I have examined Last Name: **SMITH**

- ☒ 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

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  
**6/13/2018**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

BRIAN KILKUS

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

038.012584

Driver's Signature

Driver's Address

Street Address: 33355 PURNELL LN

City: FRANKFORD

State/Province: DE Zip Code: 19945

☒ Yes ☐ No

CLP/CDL Applicant/Holder

Medical Examiner's Telephone Number  
(877) 633-3633

Date Certificate Signed

6/13/2017

- ☐ MD ☐ Physician Assistant  
☐ DO ☒ Chiropractor

- ☐ Advanced Practice Nurse  
☐ Other Practitioner (specify)

Issuing State

IL

National Registry Number

1410813531

Driver's License Number

1948391

Issuing State/Province

DE

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