

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined JECMENIC RADE In accordance with 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:

- | | |
|--|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a waiver exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

TELEPHONE
(877) 633-3633DATE
12/2/2010

MEDICAL EXAMINER'S NAME (PRINT)

LOTITO MICHAEL

- | | |
|--|--|
| <input type="checkbox"/> MD | <input checked="" type="checkbox"/> Chiropractor |
| <input type="checkbox"/> DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Advanced Practice Nurse | |

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE

382612 / IL

SIGNATURE OF DRIVER

DRIVER'S LICENSE NO.
J25572074303STATE
ILDRIVER'S LICENSE EXPIRATION DATE
10/24/2014CLASS
D

ADDRESS OF DRIVER

4508 PARK AVE APT C BROOKFIELD IL 60513

MEDICAL CERTIFICATE
EXPIRATION DATE

12/2/2012

DRIVER COPY