

## 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)

I certify that I have examined (last name) Toussaint (first name) Brandon 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 (specify type) ☐ 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-5975, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

12/23/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(603) 430-9675

Date Certificate Signed

12/23/2024

Medical Examiner's Name (please print or type)

Stephanie Andrade, NP

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

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

068079-23

Issuing State

New Hampshire

National Registry Number

1171992694

Driver's Signature

Driver's License Number

9861337

Issuing State/Province

Maine

Driver's Address

Street Address: 9 Worster Rd

City: Berwick

State/Province: ME

Zip Code: 03901

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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