

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) D'Orazio (first name) Dominic in accordance with (please check only one):

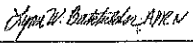

- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ 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-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/10/2024

Medical Examiner's Signature 	Medical Examiner's Telephone Number (603) 430-9675	Date Certificate Signed 10/10/2022
Medical Examiner's Name (please print or type) Lynn W. Batchelder, NP	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number NH 044605-23	Issuing State NH	National Registry Number 4443543150
Driver's Signature 	Driver's License Number NHL11130277	Issuing State/Province NEW HAMPSHIRE
Driver's Address Street Address: 172 Boulder Dr	City: Barrington	State/Province: NH Zip Code: 03825
		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No

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