

Form MCSA-5876		OMB No.: 2126-0006		Expiration Date: 12/31/2024	
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U.S. Department of Transportation Federal Motor Carrier Safety Administration		Medical Examiner's Certificate <small>(for Commercial Driver Medical Certification)</small>			
I certify that I have examined (last name) <u>Tullos</u> (first name) <u>Kenneth</u> in accordance with (please check only one): <input checked="" type="radio"/> 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 <input type="radio"/> 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): <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____ <input type="checkbox"/> Wearing hearing aid <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate</div><div><input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) <input type="checkbox"/> Qualified by operation of 49 CFR 391.63 (Federal) <input type="checkbox"/> Grandfathered from State requirements (State)</div></div>					
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">01/27/2025</div>
Medical Examiner's Signature <u>Mary J. Uhrich PA-C</u>		Medical Examiner's Telephone Number <u>(603) 430-9675</u>		Date Certificate Signed <u>01/27/2023</u>	
Medical Examiner's Name (please print or type) <u>Mary J. Uhrich, PA-C</u>		<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input 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 <u>0150</u>		Issuing State <u>NEW HAMPSHIRE</u>		National Registry Number <u>6918754926</u>	
Driver's Signature <u>Kenneth Tullos</u>		Driver's License Number <u>NHL18924674</u>		Issuing State/Province <u>NEW HAMPSHIRE</u>	
Driver's Address Street Address: <u>106 A Winter St</u> City: <u>Rochester</u> State/Province: <u>NH</u> Zip Code: <u>03867</u>		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No			

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