

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) Brigandi (first name) Roman 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)

Medical Examiner's Certificate Expiration Date

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.

05/08/2026

Medical Examiner's Signature

Lynn W. Batchelder, ARNP

Medical Examiner's Telephone Number

(603) 430-9675

Date Certificate Signed

05/08/2024

Medical Examiner's Name (please print or type)

Lynn W. Batchelder, ARNP

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

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

044605-23

Issuing State

New Hampshire

National Registry Number

4443543150

Driver's Signature

Roman Brigandi

Driver's License Number

NHL18267628

Issuing State/Province

New Hampshire

Driver's Address

Street Address: 1 Lowell Ave

City: Dover

State/Province: NH

Zip Code: 03820

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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