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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) Holt-Cortl (first name) Cameron 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-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

12/23/2025

Medical Examiner's Signature

Stephanie Andrade, NP

Medical Examiner's Telephone Number

(603) 430-9675

Date Certificate Signed

01/08/2025

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

Cameron Holt-Cortl

Driver's License Number

2389365

Issuing State/Province

Maine

Driver's Address

Street Address: 311 High Street

City: North Berwick

State/Province: ME

Zip Code: 03906

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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