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- INSTRUCTIONS:** Write firmly
1. Lift laminate cover
 2. Complete certificate
 3. Remove liner from laminate
 4. Apply laminate to ORIGINAL-DRIVER COPY plate
 5. Remove top slab and carbon
 6. Distribute DRIVER and MOTOR CARRIER

MEDICAL EXAMINER'S CERTIFICATE

Eric Andrew Demco

I certify that I have examined _____ in accordance with 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:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Eric Andrew Demco</i>	TELEPHONE <i>608 933 3606</i>
MEDICAL EXAMINER'S NAME (PRINT) <i>Eric Andrew Demco</i>	DATE <i>12/3/15</i>
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <i>8018 MN</i>	<input type="checkbox"/> MD <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input checked="" type="checkbox"/> Chiropractor
NATIONAL REGISTRY NO. <i>3223762400</i>	CDL INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO STATE <i>MN</i>
SIGNATURE OF DRIVER <i>Eric Andrew Demco</i>	MEDICAL CERTIFICATION EXPIRATION DATE <i>12/31/17</i>
DRIVERS LICENSE NO. <i>LO3210597605</i>	
ADDRESS OF DRIVER <i>6967 Woodlake Ln</i>	

ORIGINAL - DRIVER