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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: HURS - KORRMAN 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
  - Wearing hearing aid
  - Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
  - 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  
10-10-19

Medical Examiner's Signature  
[Signature]

Medical Examiner's Telephone Number  
702 269 1540 Date Certificate Signed  
10-10-18

Medical Examiner's Name (please print or type)  
DR. GERTARS BOZMAN

Medical Examiner's State License, Certificate, or Registration Number  
BO1D24

National Registry Number  
3785827364

Medical Examiner's Issuing State  
NV

Medical Examiner's Specialty  
 MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

Driver's Signature  
[Signature]

Driver's License Number  
1706104589 Issuing State/Province  
NV

Street Address: 7676 ROWEN DESTINE RD City: LAS VEGAS State/Province: NV Zip Code: 89123 CLP/CDL Applicant/Holder  
 Yes  No

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