

I certify that I have examined Last Name: Williams First Name: Lloyd and this person is qualified, and, if applicable, only when ticked that they apply () and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when ticked that they apply () with any applicable State variances (which will only be valid for measured operations), and with knowledge of the driving duties. (Check all that apply)

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Accompanied by a ☐ Accompanied by a ☐ Accompanied by a ☐ Accompanied by a

☐ Wearing hearing aid ☐ Wearing corrective lenses ☐ Wearing corrective lenses ☐ Wearing corrective lenses

☐ Federal Motor Carrier Safety Regulations ☐ Federal Motor Carrier Safety Regulations ☐ Federal Motor Carrier Safety Regulations

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 Signature: [Signature]
 Medical Examiner's Name (please print or type): George Freeman Jr
 Medical Examiner's State License, Certificate, or Registration Number: 503591

Driver's Signature: [Signature]
 Driver's Address: 5020 54th Ave Hyattsville MD
 State/Province: MD Zip Code: 20781

Driver's License Number: W-452-525-115-123 Issuing State/Province: MD

Date Certificate Signed: 02/14/2022 National Registry Number: 2460303027

☐ Grandfathered from State requirements (State) ☐ Grandfathered from State requirements (State)
☐ Qualified by operation of (Federal) ☐ Qualified by operation of (Federal)
☐ Driving within an exempt/intracarry zone () ☐ Driving within an exempt/intracarry zone ()

Medical Examiner's Telephone Number: (301) 955-6627 Date Certificate Signed: 02/14/2022

Medical Examiner's Certificate (Expiration Date: 02/14/2024)

I declare, under penalty of perjury, that I am a duly licensed and qualified medical examiner, and I am not required to be licensed or certified by any other authority. I am not required to be licensed or certified by any other authority. I am not required to be licensed or certified by any other authority.

Medical Examiner's Certificate (Expiration Date: 02/14/2024)

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