



6601 Ritchie Highway, N. E.
Glen Burnie, Maryland 21062
(410) 787-2971

Motor Vehicle Administration

APPORTIONED REGISTRATION CAB CARD

PLATE NUMBER STICKER NUMBER EXPIRATION DATE
863F42 **2018-0013722** **04/30/18**

OWNER (LESSOR)

LRM LEASING COMPANY INC MAYOKUN GBENGA OKUBOYE

YEAR	MAKE	CLASS	TYPE	FUEL	EXCEP
2011	FREI	F	TR	D	3

TITLE NUMBER VEHICLE IDENTIFICATION NUMBER
48015965 **1FUJGLDR4BLBC9958**

GR. COMB. WGT.	GR. VEH. WGT.	UNLADEN WGT.	ISSUE DATE
80,000	80,000	15,000	06/19/17

IRP ACCOUNT NUMBER	UNIT NUMBER	US DOT NUMBER	MD FEE
26867	1	1121	\$489.76

NAME(S) AND ADDRESSES OF REGISTRANT (LESSEE)

MAYOKUM GBENGA OKUBOYE
14 BREEZY TREE CT APT B
LUTHERVILLE TIM MD 21093

THE VEHICLE DESCRIBED HAS BEEN PROPORTIONALLY REGISTERED IN THE STATE OF MARYLAND AND THE JURISDICTIONS SHOWN BELOW.

AB 36288	AL 80000	AR 80000	AZ 80000	BC 36288	CA 80000
CO 80000	CT 80000	DC 80000	DE 80000	FL 80000	GA 80000
IA 80000	ID 80000	IL 80000	IN 80000	KS 80000	KY 80000
LA 80000	MA 80000	MB 36288	ME 80000	MI 80000	MN 80000
MO 80000	MS 80000	MT 80000	NB 36288	NC 80000	ND 80000
NE 80000	NF 36288	NH 80000	NJ 80000	NM 80000	NS 36288
NV 80000	NY 80000	OH 80000	OK 80000	ON 36288	OR 80000
PA 80000	PE 36288	QC 5AXL	RI 80000	SC 80000	SD 80000
SK 36288	TN 80000	TX 80000	UT 80000	VA 80000	VT 80000
WA 80000	WI 80000	WV 80000	WY 80000	** *****	** *****
** *****	** *****	** *****	** *****	** *****	** *****

IMPORTANT NOTICE:

This Cab Card is issued pursuant to the International Registration Plan Agreement.

Cab Cards that are copied, or altered, or list jurisdictions after the row of asterisks, are invalid. Maryland Law requires the vehicle to be insured at all times. Tags must be returned PRIOR to any cancellation of insurance on this vehicle. Failure to comply will result in suspension of the registration and penalty of up to \$2,500.00 per vehicle, per year.

The Maryland Vehicle Law requires that you provide your insurance information when involved in an accident. The Cab Card must be carried in this vehicle or on the person operating the vehicle.

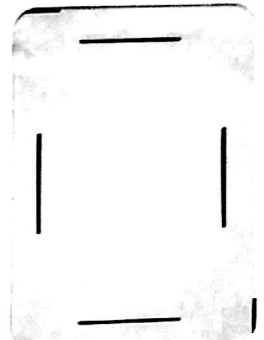
Maryland Vehicle Law requires you to display both a front and rear license plate on the vehicles they are issued for. For Tractors, Truck Tractors and Road Tractors; validation stickers must be put on the Front License Plate.

0013722



2018-0013722

Modifying or
covering your
license plate(s)
is illegal



INSTRUCTIONS:
1) Remove decal
by bending paper.
2) Lift edge of decal
and slowly peel.
3) Apply year sticker
on upper right,
month sticker on
upper left of rear
plate.

CERTIFICATE OF INSURANCE

Issue date: 06/07/17

Named Insured

Intergalaxy Inc
14 Breezy Tree Ct

Lutherville-Timonium, MD 21093
Owner/Operator permanently leased to:
FREIGHT MASTER TRANS LLC

CSR/Agency

TrueNorth
500 1st St. SE; PO Box 1863
Cedar Rapids, Iowa 52406-1863
Phone: 877-968-8785
Fax: 319-896-4720
Email: service@tsatruck.com

COVERAGE

Non-Trucking Liability

EFF/EXP DATES
10/01/16 to 10/01/17

POLICY #
GTP9668581

LIMITS
\$1,000,000

INSURER
Great American Assurance

PIP Coverage is at state minimum levels if required.

For Claims Call

Uninsured/Underinsured Motorist Coverage is at state minimum levels if required.

855-533-8783

Vehicle

2011 Freightliner

Client unit #

VIN

1FUJGLDR4BLBC9958

Date coverage bound: 06/07/17

COVERAGE

Physical Damage

EFF/EXP DATES
10/01/16 to 10/01/17

POLICY #
GTP9751771

LIMITS

\$1,000 Deductible

INSURER
Great American Assurance

Downtime/Rental Reimbursement

Electronic Equipment

Personal Effects Coverage

Collision \$1,000 Deductible

Comprehensive \$1,000 Deductible

\$750 week/\$5,000 Max

\$250 Ded/\$5,000 Max

\$250 Ded/\$5,000 Max

For Claims Call

855-533-8783

Vehicle

2011 Freightliner

Client unit #

VIN

1FUJGLDR4BLBC9958

Date coverage bound: 06/07/17

As of date...

06/07/17

Insured value is...

\$40,000.00

DESCRIPTION OF ENDORSEMENTS OR SPECIAL PROVISIONS

All coverages cease when permanent lease is broken, cancelled or terminated.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by policies shown above. Should any of the above policies described be cancelled before the expiration date shown, we will endeavor to mail 10 days written notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Jason Smith

The following is named as cert holder:

The following is named as loss payee:

The following is named as additional insured:

LRM Leasing Co, Inc
858 S Andrews Ave

Pompano Beach, FL 33069

Identification Number 1FUJGLDR4BLBC9958	Year 2011	Make FRHT	Body TR	WT-L-BHP 17000	Vessel Regis. No.	Title Number 127072542
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Registered Owner:

L R M LEASING COMP INC
858 S ANDREWS AVE
POMPANO BEACH, FL 33069

Date of Issue 05/02/2017

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller **MUST** complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel:
<http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:

L R M LEASING COMP INC
858 S ANDREWS AVE
POMPANO BEACH, FL 33069

CERTIFICATE OF TITLE

Identification Number 1FUJGLDR4BLBC9958	Year 2011	Make FRHT	Body TR	WT-L-BHP 17000	Vessel Regis. No.	Title Number 127072542
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Prev State LA	Color GLD	Primary Brand	Secondary Brand	No of Brands	Use LEASE	Prev Issue Date
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Odometer Status or Vessel Manufacturer or OH use EXEMPT	Hull Material	Prop	Date of Issue 05/02/2017
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Registered Owner

L R M LEASING COMP INC
858 S ANDREWS AVE
POMPANO BEACH, FL 33069

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch

Robert R. Kynoch
Director



Terry L. Rhodes

Terry L. Rhodes
Executive Director

Control Number 130062460

10 / 4 130062460

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to

Seller Must Enter Purchaser's Name: _____

Address: _____

Seller Must Enter Selling Price: _____

Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ [X] (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:
☐ 1. reflects ACTUAL MILEAGE ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3. is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must

Sign Here: _____

CO-SELLER Must

Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____

Tax No.: _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must

Sign Here: _____

CO-PURCHASER Must

Sign Here: _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

State of Maryland

TRUCKS, TRUCK TRACTORS, COMMERCIAL BUSES

OWNER / AGENT

ADDRESS

V.I.N.

Vintage Long Inc
14 Breezy Trail Rd. Lutherville, Md 21093
1FVJGLDR4BLC9958

STATION NO.

DATE

ODOMETER

MAKE

7249AD

June 13 2017 PHONE NO. 410 370 7997

704881 / 704882

Freightliner MODEL Freightliner YEAR 2011

(02-A) - STEERING

	P	F	R
Steering Wheel	<input checked="" type="checkbox"/>		
Column	<input checked="" type="checkbox"/>		
Coupling	<input checked="" type="checkbox"/>		
Lash / Travel	<input checked="" type="checkbox"/>		
Linkage	<input checked="" type="checkbox"/>		
Power Steering	<input checked="" type="checkbox"/>		

(B) - WHEEL ALIGNMENT

	P	F	R
*Toe (Req. Rdg.)	<input checked="" type="checkbox"/>		
Caster	<input checked="" type="checkbox"/>		
Camber	<input checked="" type="checkbox"/>		
Rear Wheel Alignment	<input checked="" type="checkbox"/>		

(C) - SUSPENSION

	P	F	R
* Ball Joints (Req. Rdg.)	<input checked="" type="checkbox"/>		
* King Pins (Req. Rdg.)	<input checked="" type="checkbox"/>		
Wheel Bearings	<input checked="" type="checkbox"/>		
Springs	<input checked="" type="checkbox"/>		
Torsion Bars	<input checked="" type="checkbox"/>		
Air Suspension	<input checked="" type="checkbox"/>		
Retractable Axle	<input checked="" type="checkbox"/>		
Shock Absorbers	<input checked="" type="checkbox"/>		

(03) - BRAKES

	P	F	R
Road Test (@ 20 mph)	<input checked="" type="checkbox"/>		
Hydraulic System	<input checked="" type="checkbox"/>		
* Drum/Disc (Req. Rdg.)	<input checked="" type="checkbox"/>		
* Lining/Pads (Req. Rdg.)	<input checked="" type="checkbox"/>		
Mechanical Linkage	<input checked="" type="checkbox"/>		
Vacuum System	<input checked="" type="checkbox"/>		
Air System Function	<input checked="" type="checkbox"/>		
Air Leakage & Reserve	<input checked="" type="checkbox"/>		
Air Brakes	<input checked="" type="checkbox"/>		
Park & Emergency	<input checked="" type="checkbox"/>		
Actuator (Push Rod)	<input checked="" type="checkbox"/>		
Emergency Brakes	<input checked="" type="checkbox"/>		
Parking	<input checked="" type="checkbox"/>		
Performance	<input checked="" type="checkbox"/>		

(04) - WHEELS / TIRES

	P	F	R
Axle # 1 L - R Steer Axle	<input checked="" type="checkbox"/>		
Axle # 2 L - R In/Out	<input checked="" type="checkbox"/>		
Axle # 3 L - R In/Out	<input checked="" type="checkbox"/>		
Axle # 4 L - R In/Out	<input checked="" type="checkbox"/>		

(05) - FUEL SYSTEM

	P	F	R
Tank	<input checked="" type="checkbox"/>		
Fuel Pump	<input checked="" type="checkbox"/>		
Piping	<input checked="" type="checkbox"/>		
Cap	<input checked="" type="checkbox"/>		

(06) - EXHAUST

	P	F	R
Manifold	<input checked="" type="checkbox"/>		
Muffler	<input checked="" type="checkbox"/>		
All Piping	<input checked="" type="checkbox"/>		
Converters (If Equip.)	<input checked="" type="checkbox"/>		

(08) - BUMPERS/REAR FRAME

	P	F	R
Bumpers	<input checked="" type="checkbox"/>		
Rear Metal Frame	<input checked="" type="checkbox"/>		

(09) - REAR WHEEL FLAPS

	P	F	R
L / R	<input checked="" type="checkbox"/>		

(10) - FENDERS

	P	F	R
LF RF	<input checked="" type="checkbox"/>		
LR RR	<input checked="" type="checkbox"/>		

(12) - LIGHTING

	P	F	R
Turn Signals - Self Cancel	<input checked="" type="checkbox"/>		
Back-Up	<input checked="" type="checkbox"/>		
Hazard	<input checked="" type="checkbox"/>		
Brake Warning	<input checked="" type="checkbox"/>		
Indicator Lamps	<input checked="" type="checkbox"/>		
Stop Lamps	<input checked="" type="checkbox"/>		
Tail Lamps	<input checked="" type="checkbox"/>		
Parking Lamps	<input checked="" type="checkbox"/>		
*Head Lamps (Req. Rdg.)	<input checked="" type="checkbox"/>		
Upper L / R	<input checked="" type="checkbox"/>		
Lower L / R	<input checked="" type="checkbox"/>		
Side Marker	<input checked="" type="checkbox"/>		
Reflectors	<input checked="" type="checkbox"/>		
Clearance	<input checked="" type="checkbox"/>		
Identification	<input checked="" type="checkbox"/>		
Tag Lamp	<input checked="" type="checkbox"/>		
Dash Lamps	<input checked="" type="checkbox"/>		
Aux / Fog	<input checked="" type="checkbox"/>		

(13) - ELECTRICAL

	P	F	R
Horn	<input checked="" type="checkbox"/>		
Switches	<input checked="" type="checkbox"/>		
Wiring	<input checked="" type="checkbox"/>		
Connections	<input checked="" type="checkbox"/>		
Neutral Safety Sw. (Auto Trans.)	<input checked="" type="checkbox"/>		
Battery	<input checked="" type="checkbox"/>		

(15) - MIRRORS

	P	F	R
Outside	<input checked="" type="checkbox"/>		
Inside	<input checked="" type="checkbox"/>		

(16) - GLAZING

	P	F	R
Driver Door	<input checked="" type="checkbox"/>		
Window Mech.	<input checked="" type="checkbox"/>		
Windshield	<input checked="" type="checkbox"/>		
Side Windows	<input checked="" type="checkbox"/>		

(17) - WIPERS

	P	F	R
Arms / Blades	<input checked="" type="checkbox"/>		
Park Position	<input checked="" type="checkbox"/>		
Controls	<input checked="" type="checkbox"/>		

(18) - HOOD / CATCHES

	P	F	R
Hood	<input checked="" type="checkbox"/>		
Catches	<input checked="" type="checkbox"/>		

(19) - DOORS-HANDLES-LATCHES

	P	F	R
Doors L / R	<input checked="" type="checkbox"/>		
Handles or Latches	<input checked="" type="checkbox"/>		

(20) - FLOOR / TRUNK PANS

	P	F	R
Floor	<input checked="" type="checkbox"/>		
Trunk	<input checked="" type="checkbox"/>		
Cab Over Eng Cover	<input checked="" type="checkbox"/>		

(21) - SPEED / ODOMETER

	P	F	R
Speedometer	<input checked="" type="checkbox"/>		
Odometer	<input checked="" type="checkbox"/>		

* REQUIRED READINGS:

Feet Per Mile

TOE:

BALL JOINTS / KING PINS

LU LL 0

RU RL 0

DRUMS / DISCS
STEERING AXLE

15.120
L 15.045 R

AXLE #2
L 16.620 R 16.580

AXLE #3
L 16.620 R 16.575

LININGS / PADS
STEERING AXLE

131
L 32 R

AXLE #2
L 12 R 32

AXLE #3
L 10 R 32

RECORD ADDITION AXLES
ON BACK

HEADLIGHTS

L1 R1

L2 R2

L2 P R2 P

ADDITIONAL COMMENTS
ON REVERSE:

☐ YES ☒ NO

INSPECTOR: ED Kimp

REINSPECTION OF DEFECTS ONLY IF RETURNED WITHIN 30 DAYS AND WITHIN 1,000 MILES, AND A PRORATED INSPECTION FEE MAY BE CHARGED.
APPOINTMENTS FOR REINSPECTION MUST BE MADE AT LEAST 3 WORKING DAYS IN ADVANCE. P-PASSED F-FAILED R-REPAIRED

WORK ORDER NO. W28894-19

COMPLETED: MONTH June YEAR 2011

A RECORD OF THIS VEHICLE'S ANNUAL VEHICLE INSPECTION REPORT IS
MAINTAINED AT: ☐ MOTOR CARRIER ☐ OTHER ENTITY

COMPANY / NAME

STREET

CITY, STATE, ZIP CODE

TELEPHONE

BC9958
MOTOR CARRIER IDENTIFICATION NUMBER

CERTIFICATION: THIS VEHICLE HAS PASSED AN INSPECTION IN ACCORDANCE
WITH 49CFR 396.17 THROUGH 396.23.

VEHICLE IDENTIFICATION: IF THE VEHICLE IS NOT READILY, CLEARLY, AND
PERMANENTLY MARKED, CHECK ONE AND COMPLETE.

☐ FLEET UNIT NUMBER

☐ LICENSE / REGISTRATION NUMBER

☒ VEHICLE IDENTIFICATION NUMBER

☐ OTHER _____



MARYLAND STATE POLICE

PURCHASER'S COPY

NO. 7537400

INSPECTION CERTIFICATE

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED VEHICLE

Freightliner	2011	DS	1FUTJGLDR4BLBC9958	24882
MAKE	YEAR	TYPE	VEHICLE IDENTIFICATION NUMBER	MILEAGE

HAS BEEN INSPECTED BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSPECTION STATION NAMED HEREON AND SUCH STATION HOLDS A CURRENT, VALID LICENSE, PURSUANT TO THE APPLICABLE PROVISIONS OF TRANSPORTATION ARTICLE, ANNOTATED CODE OF MARYLAND. IT HAS BEEN DETERMINED THAT THE SAFETY EQUIPMENT OF THE DESCRIBED VEHICLE, **SERVICE TIRE TRUCK CENTER INC.** MEETS WITH OR EXCEEDS THE MINIMUM SAFETY STANDARDS.

STATION
STAMP →

4771 HOLLINS FERRY ROAD
BALTIMORE, MD 21227
(410) 247-4464

JUNE 13, 2017

Date of Certification MONTH/DAY/YEAR

INSPECTION STATION #7249AD

I certify under Penalty of Perjury that the statements made herein, and on the corresponding MV Inspection Report, are true and correct and that the vehicle meets with or exceeds the minimum safety standards.

Signature of Registered Inspection Mechanic

Printed Name

ANY ERASURE, STRIKE OVER OR STRIKE OUT NOT AUTHORIZED BY THE AUTOMOTIVE SAFETY
ENFORCEMENT DIVISION OF THE MARYLAND STATE POLICE OR M.V.A. WILL VOID THE CERTIFICATE.

MSP 23-63 (04/08)

SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

Odometer

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
39414511	
DATE	
6/5/17	

MOTOR CARRIER INFORMATION	INSPECTOR'S NAME (PRINT OR TYPE) Steve Schuler
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input checked="" type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	1FVJL6LR4BLC9958 INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED							
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING
			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.
			b. Parking Brake System				b. Protection against shifting cargo.
			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.
			d. Brake Hose				
			e. Brake Tubing				7. STEERING MECHANISM
			f. Low Pressure Warning Device				a. Steering Wheel Free Play
			g. Tractor Protection Valve				b. Steering Column
			h. Air Compressor				c. Front Axle Beam and All Steering Components Other Than Steering Column
			i. Electric Brakes				d. Steering Gear Box
			j. Hydraulic Brakes				e. Pitman Arm
			k. Vacuum Systems				f. Power Steering
			l. Antilock Brake System				g. Ball and Socket Joints
			m. Automatic Brake Adjusters				h. Tie Rods and Drag Links
							i. Nuts
			2. COUPLING DEVICES				j. Steering System
			a. Fifth Wheels				8. SUSPENSION
			b. Pintle Hooks				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.
			c. Drawbar/Towbar Eye				b. Spring Assembly
			d. Drawbar/Towbar Tongue				c. Torque, Radius or Tracking Components
			e. Safety Devices				9. FRAME
			f. Saddle Mounts				a. Frame Members
			3. EXHAUST SYSTEM				b. Tire and Wheel Clearance
			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.				c. Adjustable Axle Assemblies (Sliding Subframes)
			b. Bus exhaust system leaking or discharging in violation of standard.				
			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply or any combustible part of the motor vehicle.				
			4. FUEL SYSTEM				
			a. Visible leak.				
			b. Fuel tank filler cap missing.				
			c. Fuel tank securely attached.				
			5. LIGHTING DEVICES				
			All lighting devices and reflectors required by Part 393 shall be operable.				
							10. TIRES
							a. Tires on any steering axle of a power unit.
							b. All other tires.
							c. Installation of speed-restricted tires unless specifically designated by motor carrier.
							11. WHEELS AND RIMS
							a. Lock or Side Ring
							b. Wheels and Rims
							c. Fasteners
							d. Welds
							12. WINDSHIELD GLAZING
							Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
							13. WINDSHIELD WIPERS
							Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
							14. MOTORCOACH SEATS
							Any passenger seat that is not securely fastened to the vehicle structure.
							15. OTHER
							List any other condition(s) which may prevent safe operation of this vehicle.

INSTRUCTIONS: MARK COLUMN ENTIRELY TO VERIFY INSPECTION. ☒ OK ☒ NEEDS REPAIR ☒ NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined
Regulations (49 CFR 391.41-391.49) and with knowledge of the driver's

- ☐ wearing corrective lenses
☐ wearing hearing aid
☐ accompanied by a _____ waiver/exemption

The information I have provided regarding this physical examination
findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

TEL

31 8 0100

MEDICAL EXAMINER'S NAME (PRINT)

Dr. Michael Tso

MEDICAL EXAMINER'S LICENSE OR
CERTIFICATE NO./ISSUING STATE

006720 / MO:

SIGNATURE OF DRIVER

INT

☐ Y
☐ N

ADDRESS OF DRIVER

MEDICAL CERTIFICATION EXPIRATION DATE

in accordance with the Federal Motor Carrier Safety Regulations
find this person is qualified, and, if applicable, only when:

- ☐ living 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

and complete. A complete examination form with any attachment embodies

DATE

- ☒ Chiropractor
☐ Advanced Practice Nurse
☐ Other Practitioner

NA

REGISTRY NO.

1300662779

ONLY

CDL

☐ YES
☐ NO

DRIVER'S LICENSE NO.

STATE