



Form MCSA-5876 (Revised: 12/06/2015)

OMB No. 2126-0006 Expiration Date: 8/31/2018

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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: Kimani** **First Name: Robert** 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

09/08/18

Medical Examiner's Signature

Rashid Gill MD

Medical Examiner's Name (please print or type)

Rashid Gill MD

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

#D0017690

Medical Examiner's Telephone Number

410-687-6462

Date Certificate Signed

09/08/16

- | | | |
|-----------------------------|--|---|
| <input type="checkbox"/> MD | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Advanced Practice Nurse |
| <input type="checkbox"/> DO | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Other Practitioner (specify) _____ |

Issuing State

Maryland - MD

Medical Examiner's License Number

7953828834

Driver's Signature

Robert Kimani

Driver's License Number

K550745000962

Issuing State/Province

MD

Driver's Address

Street Address: **7 SHAWNEE CT #203** City: **PARKVILLE**

State/Province: **MD**

Zip Code: **21234**

CLP/CDL Applicant/Holder

Yes ☒ No ☐

Appendix A

Equipment List

Lessor: PETE WAISURU NSEAULessee: Roy SALMON TRUCKING LLCUnit # 2013 Make FALMER Year 2009 VIN# 1FUJCRCK99DAE2600

Unit # _____ Make _____ Year _____ VIN# _____

Unit # _____ Make _____ Year _____ VIN# _____

Unit # _____ Make _____ Year _____ VIN# _____

Unit # _____ Make _____ Year _____ VIN# _____

Unit # _____ Make _____ Year _____ VIN# _____

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Unit # _____ Make _____ Year _____ VIN# _____

Unit # _____ Make _____ Year _____ VIN# _____

CONTRACT OF LEASE
CERTIFICATE OF LEASE

Whereas, PETER WAISURI NSEAU, located at,
(owner of equipment)

(street) 9807 LANSS APT E (city) MIDDLE RIVER (state) MM (zip) 21220

hereinafter referred to as lessor, (does hereby enter) (has entered) into an agreement of lease

with, ROY SALMON TRUCKING LLC, located at,
(owner of authority)

(street) 9137 EUSTICE RD (city) RANGMUSTOWN (state) MM (zip) 21133

hereinafter referred to as lessee, who holds authority from the FMCSA (Federal Motor Carrier Administration) Motor Carrier Number: 732479, to transport Property for compensation for the said purpose of leasing from said lessor, PETE WAISURI NSEAU, or motor vehicle equipment more fully described in Appendix A, hereto and made a part hereof, (page 2) and said lease to begin on (month) 10 (day) 3 (year) 2016. This lease is to end on or, continuous until canceled. The lessee and lessor agree by completing and signing lease that the lessor (owner of the vehicles) that the motor vehicle(s) named in this document shall be under the complete control of the lessee, and no other, for the period of the lease, and for all regulatory purposes including, but not limited to, required primary liability and cargo insurance coverage.

For the consideration of the leasing of the herein described the lessee agrees to pay the lessor as set forth in Appendix B. (statement of consideration, Appendix B, need not be submitted with this part of the certificate of lease).

That, no agreement, contract, or understanding between the parties to this certificate of lease shall in any way alter, change or amend the terms of this lease without attaching an amendment to this contract of lease. This amendment must be signed by both lessee and lessor.

That be the signatures of the lessor and lessee, or their lawful agents, they are severally and jointly bond together.

(Signature) [Signature] (Lessor) ROBERT KIMANI (Witness) Date: 10-3-16

(Signature) [Signature] (Lessee) ROY SALMON (Witness)

LAND VEHICLE INSPECTION REPORT

Result: PASS

Inspector: CLARENCE RUTHERFORD

Station Number: 7108

Work Order Number: 21649

Vehicle Class: C

Vehicle: 2008 FREIGHTLINER CONV CORONADO 13 Initial Odometer: 786302

VIN: 1FUJJCROK99DAE2608

Customer Name: KIMANI ROBERT

Phone: (443) 857-9116

Address: 7 SHANEZ CT #203 PARKVILLE, MARYLAND 21238

Ending Odometer: 788310

Cert. #: 20572039

Cert. Date: 03/28/2018

Form 1000 on 08/04/2016
Name:
LETON AND MEADS CO., INC.
8 S. MANOVER STREET
BALTIMORE, MARYLAND 21230

Alignment Test Drive: <input checked="" type="checkbox"/>	Hydraulic System: <input checked="" type="checkbox"/>	Tire Pressure: <input checked="" type="checkbox"/>	Safety Seats: <input checked="" type="checkbox"/>
Service Brake Performance: <input checked="" type="checkbox"/>	Drums/Disks: <input checked="" type="checkbox"/>	Back Up: <input checked="" type="checkbox"/>	Comments:
Comments:	Unlabeled: <input checked="" type="checkbox"/>	Hazard: <input checked="" type="checkbox"/>	
	Mechanical Linkage: <input checked="" type="checkbox"/>	Brake Warning: <input checked="" type="checkbox"/>	
	Restraint System: <input checked="" type="checkbox"/>	Indicator Lamps: <input checked="" type="checkbox"/>	
	Vacuum System: <input checked="" type="checkbox"/>	Stop: <input checked="" type="checkbox"/>	Door Handles/Latches: <input checked="" type="checkbox"/>
	Air System Function: <input checked="" type="checkbox"/>	Roll: <input checked="" type="checkbox"/>	Comments:
Steering Wheel: <input checked="" type="checkbox"/>	Air Leaks and Reserve: <input checked="" type="checkbox"/>	Side Marker: <input checked="" type="checkbox"/>	
Column: <input checked="" type="checkbox"/>	Air Brake Park and Emergency: <input checked="" type="checkbox"/>	Reflector: <input checked="" type="checkbox"/>	Door Door Window Mechanism: <input checked="" type="checkbox"/>
Steering Coupling: <input checked="" type="checkbox"/>	Adjuster Reserve: <input checked="" type="checkbox"/>	Trailer: <input checked="" type="checkbox"/>	Windsails: <input checked="" type="checkbox"/>
Leak: <input checked="" type="checkbox"/>	Emergency Brakes: <input checked="" type="checkbox"/>	Brake: <input checked="" type="checkbox"/>	Windows: <input checked="" type="checkbox"/>
Travel: <input checked="" type="checkbox"/>	Parking Brake: <input checked="" type="checkbox"/>	Clearance: <input checked="" type="checkbox"/>	Tint - Left Front Window: <input checked="" type="checkbox"/>
Linkage: <input checked="" type="checkbox"/>	Drum/Disks - Steer Axle Left: <input checked="" type="checkbox"/>	IO Lamps: <input checked="" type="checkbox"/>	Tint - Right Front Window: <input checked="" type="checkbox"/>
Steering Box: <input checked="" type="checkbox"/>	Drum/Disks - Steer Axle Right: <input checked="" type="checkbox"/>	Headlamps: <input checked="" type="checkbox"/>	Comments:
Power Steering: <input checked="" type="checkbox"/>	Drum/Disks - Axle #2 Left: <input checked="" type="checkbox"/>	Adjustment: <input checked="" type="checkbox"/>	
Comments:	Drum/Disks - Axle #2 Right: <input checked="" type="checkbox"/>	Pop-Up Highbeam: <input checked="" type="checkbox"/>	
	Drum/Disks - Axle #3 Left: <input checked="" type="checkbox"/>	Comments: all full parker brake light out	
	Drum/Disks - Axle #3 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #4 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #4 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #5 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #5 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #6 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #6 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #7 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #7 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #8 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #8 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #9 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #9 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #10 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #10 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #11 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #11 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #12 Left: <input checked="" type="checkbox"/>		
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	Drum/Disks - Axle #110 Left: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #110 Right: <input checked="" type="checkbox"/>		
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	Drum/Disks - Axle #111 Right: <input checked="" type="checkbox"/>		
	Drum/Disks - Axle #112 Left: <		