

**MARYLAND**USA
Commercial Driver's License

CDL





1201B2231

Customer identifier
S-160-189-441-696

09/07/1973

Family name
SEVERE

Given names
EDWARD JOSEPH

Address
4127 5TH ST
BALTIMORE MD 21225

Date of birth	Sex	Height	Weight	Date of exp
09/07/1973	M	5'-09"	192	09/07/2022
Restrictions	Classifications	Endorsements	Date of issue	
B	AM	TN	08/17/2017	



Public Burden Statement

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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** **Severe** **First Name** **Edward** 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)

Medical Examiner's Certificate Expiration Date

09/06/2020

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**Medical Examiner's Name (please print or type)**

Landymore, Meghan

Medical Examiner's Telephone Number

(410)247-9595

Date Certificate Signed

09/06/2018

☐ MD ☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

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

C0004509

Issuing State

MD

National Registry Number

5137537134

Driver's Signature**Driver's Address**

Street Address: 4127 5th St

Driver's License Number

S160189441696

Issuing State/Province

MD

City: Baltimore

State/Province: MD

Zip Code: 21225

☒ Yes ☐ No

CLP/CDL Applicant/Holder

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