Florida Department of Highway Safety & Motor Vehicles
Division of Motorist Services

RECEIVED 1/9/20

3188 PGA Blvd
Palm Beach Gardens, FL 33410 - 0000

01/09/2020

JOHN CHRISTOPHER WYLIE
1410 CREST DR
LAKE WORTH , FL 33461 - 6061

Your driving privilege is not under revocation or suspension in the State of Florida. Please present this letter as your authority to apply for a license within 30 days from the above date.

(Examiner ID# 4651)

By the authority of:
ROBERT R. KYNOCH, Director
Division of Motorist Services

Record/Inquiry Data:

Ctl. No:	W400-463-62-013-0
Type Issued:	Class A Driver License
Endorsement:	Motorcycle also
Issued:	02/10/2017
Exp:	01/13/2026
DOB:	01/13/1962
Race/Sex:	W / M

Created by on 01/09/2020 using DRIVER (FDLIS) Internal Ref: 1220336

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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:** Wylie **First Name:** John 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 ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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: 1/9/2021

Medical Examiner's Signature
Medical Examiner's Name *(please print or type)*: Christine Bayha
Medical Examiner's State License, Certificate, or Registration Number: 4108586
Medical Examiner's Telephone Number: 561 263 7011
Date Certificate Signed: 1/9/2020
○ MD ● Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*
Issuing State: FL
National Registry Number: 7846097293

Driver's Signature
Driver's License Number: W400 463 620130
Issuing State/Province: FL
Driver's Address:
Street Address: 1410 Crest DR. City: Lake Worth State/Province: FL Zip Code: 33461
CLP/CDL Applicant/Holder ● Yes ○ No

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