

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

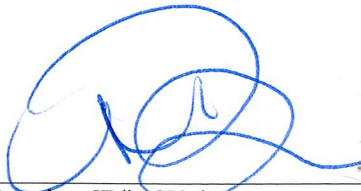
3188 PGA Blvd
Palm Beach Gardens, FL 33410 - 0000

01/09/2020

RECEIVED
1/9/20

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

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, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this collection of information is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering the required data, reviewing the collected information, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.

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 intrastate 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 Signature: Robert R. Kynoch Medical Examiner's Telephone Number: 386-203-4011 Date Certificate Signed: 1/9/2020
Medical Examiner's Name (please print or type): Robert R. Kynoch ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
Medical Examiner's State License, Certificate, or Registration Number: 11285860 ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State: FL National Registry Number: 3866077293

Driver's Signature: John Wylie Driver's License Number: W400463620130 Issuing State/Province: FL
Driver's Address: 1410 Crest Dr. City: Lake Worth State/Province: FL Zip Code: 33461 CLP/CDL Applicant/Holder: Yes ☐ No

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