

 **Texas** USA
DRIVER LICENSE

Director: *John C. McCall*



Sorrell

**COMMERCIAL
DRIVER LICENSE**

4d. DL: **37157124**
3. DOB: **04/26/1977**

9. Class: **A**
4b. Exp: **04/26/2024**
4a. Iss: **02/26/2020**

1. **SORRELL**
2. **RASHAD ARMOND**
8. **7920 SKILLMAN ST 205
DALLAS, TX 75231**

12. Rest: **NONE** 9a. End: **NONE**
16. Hgt: **5'-11"** 15. Sex: **M** 18. Eyes: **BRO**
5. DD: **08629080025246415791**

04/26/1977



Public Burden Statement: A Federal agency may 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 if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2120-0006. Public reporting for this collection of information is estimated to average 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 aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, 14C-109, 1200 New Jersey Avenue, SE, Washington, DC, 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: Sorrell** **First Name: Rashad** 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
 - Wearing hearing aid
 - Accompanied by a _____ waiver/exemption
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
 - 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
12/14/2022

Medical Examiner's Signature

Medical Examiner's Telephone Number

(405) 789-0212

Date Certificate Signed

12/14/2020

Medical Examiner's Name (please print or type)

Madeleine Lord

- MD
- DO
- Registered Nurse
- Clinician
- Advanced Practice Nurse
- Other Practitioner (Specify)

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

109313

Issuing State

OK

National Registry Number

6060057378

Driver's Signature

Driver's License Number

37157124

Issuing State/Province

TX

Driver's Address

Street Address: **7920 Skillman St 205**

City: **Dallas**

State/Province: **TX**

Zip Code: **75231**

CLP/CDE Applicant/Holder

Yes No

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