

Doctor's Certificate

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



This is to certify that I have this day examined:

(Name) (Age)

(Type of Operator's License) (Number) (State)

In accordance with Section 398.3(b) of the Motor Carrier Safety Regulations of the Department of Transportation, and that I find the applicant:

- _____ Qualified under said rules:
_____ Qualified only when wearing glasses.
_____ Not Qualified.

I have kept on file a completed examination.

(Date) (Place)

(Signature of examining doctor)

(Address of doctor)

(Signature of driver)

(Address of driver)

Copy 1 - To be submitted with application
Copy 2 - Applicant's Copy
Copy 3 - Employer's Copy
Copy 4 - Doctor's Copy

Form WH-515
(Rev. Dec. 1983)