

NC

15-0223-TR-CVF

Public utilities Commission

CASE # 0432910104070

1-30-15

Dear Sir/Madam

ON the 09/11-2014 I WAS inspected  
 by one of your state trooper for an  
 inspection, he asked me for the registration  
 license and my medical card, I gave  
 what he asked for, he told me my Medical  
 card was not Certified, he then gave me  
 the number to fax my medical card which  
 I did twice plus the my job J R Schugel  
 the safety department also faxed two copies.  
 Included in this letter you'll find a letter  
 from my motor vehicles suggesting I had  
 a medical card from 2013, I'm now requesting  
 an administrative hearing with the  
 docketing division. I can be contacted  
 at phone # 347 881 7366 or my  
 home address 1329 Circle drive EAST  
 Baldwin NY 11510

Thanks in advance  
 Euston Thompson

RECEIVED-DOCKETING DIV  
 2015 JAN 28 AM 11:20

PUCO

This is to certify that the images appearing are an  
 accurate and complete reproduction of a case file  
 document delivered in the regular course of business  
 Technician AMG Date Processed JAN 28 2015



**YOUR TRANSACTION CANNOT BE COMPLETED FOR THE FOLLOWING REASON(S)**

**YOU MUST BRING THIS SLIP WITH YOU WHEN YOU RETURN TODAY.**

**This is a PASS for TODAY ONLY AND ONLY FOR THIS OFFICE.**

CUSTOMER'S NAME: Thompson, Everton A DATE: 1/20/15

**WHEN YOU RETURN, PLEASE GO TO THE TICKET COUNTER TO RECEIVE A TICKET THAT WILL SHOW THAT YOU ARE A RETURNING CUSTOMER.**

Be sure to bring back all the paperwork that you originally presented today, plus the following:

\_\_\_ Sufficient Funds

\_\_\_ Identification (Please refer to form ID-44 or form ID-82, one of which is attached to this slip, for additional information):

- Name/Date of Birth
- Proof of Corporation

client #  
117 239 212

\_\_\_ Insurance Card

- The name on the insurance card (that is, the person or company being insured) must be the same as the name that will be on the registration.
- The description of the vehicle on the insurance card must be the same as the vehicle description on the registration.
- The insurance card must be dated within 45 days of the registration processing date.
- The information on the insurance card appears to have been altered.

\_\_\_ Proof of Ownership

- Transferable registration
- Certificate of Title (form MV-999)
- Dealer's Certificate of Sale (form MV-50)
- Manufacturer's Certificate of Origin

\_\_\_ Signature Required

\_\_\_ Proof of Clearance: Outstanding Ticket(s)/Summons(es)

Other: Based on our computer display the above client is certified for interstate with no restrictions  
The medical information is valid until 8/31/20

All parties must present their most recently issued New York State photo driver license, learner permit or non-driver ID card. If the customer does not have a valid New York State driver license, learner permit or non-driver ID card, he or she MUST come in person to process his or her own transactions, and must meet the ID requirements as stated on form MV-44.1, to obtain a learner permit, driver license or non-driver ID card, or as stated on form MV-82.1, to obtain a registration or title.

Please note that we CANNOT ACCEPT PHOTOCOPIES.

The documents that you present MUST be **ORIGINALS** or CERTIFIED copies.

**NO ADMITTANCE AFTER POSTED CLOSING TIME**

MVR Greke Office DMV Station # SPRINGFIELD GARDENS



Staple Original Ticket Here

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Everton Thompson

in accordance with the Federal Motor Car-

ter 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:

wearing corrective lenses

wearing hearing aid

accompanied by a \_\_\_\_\_ waiver exemption

driving within an exempt intracity zone (49 CFR 391.62)

accompanied by a Skill Performance Evaluation Certificate (SPE)

Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

*[Signature]*

MEDICAL EXAMINER'S NAME (PRINT) Richard Fote TELEPHONE 718 945 6433 DATE 8/31/13

MD  DO  Chiropractor  
 Physician Assistant  Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE

NYS 007455-1

SIGNATURE OF DRIVER

*[Signature]*

ADDRESS OF DRIVER 1329 Circle Drive East DRIVER'S LICENSE NO. 117039212 STATE NY  
Baldwin NY 11510

MEDICAL CERTIFICATE EXPIRATION DATE

AUG 31st 2015

**SAMUEL ANOKO, M.D., MBA**  
**LAURELTON PRIMARY CARE**  
**A DIV OF PROHEALTH CARE ASSOC., LLP**  
**224-14 MERRICK BLVD, 2<sup>ND</sup> FLOOR**  
**LAURELTON, NEW YORK 11413**  
**T 718-949-6433 F 718-949-0331**