

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 JIR 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
Eaton 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 AMK 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
SPRINGFIELD GARDENS

Station #



Staple Original Ticket Here

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Everton Thompson

her 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]

TELEPHONE

718 945 6433

DATE

8/31/13

MEDICAL EXAMINER'S NAME (PRINT)

Richard Forte

☐ MD

☐ DO

☐ Chiropractor

☒ Physician Assistant

☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE

NYS 007455-1

SIGNATURE OF DRIVER

[Signature]

DRIVER'S LICENSE NO.

117039212

STATE

NY

ADDRESS OF DRIVER

1329 Circle Drive East
Baldwin NY 11510

MEDICAL CERTIFICATE EXPIRATION DATE

Aug 31st 2015

SAMUEL ANKORU, M.D., MBA
LAURELTON PRIMARY CARE

A DIV OF PROHEALTH CARE ASSOC., LLP
224-14 MERRICK BLVD, 2ND FLOOR
LAURELTON, NEW YORK 11413

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