

nc
FILE
Sangseob, Kim

21-954-TR-LVF
Phone #513-500-1765

To: Public Utilities Commission of Ohio
ATTN: Docketing Division
180 E. Broad Street, 11th Floor
Columbus, Ohio 43215 - 3793

RE: Case No. OH3202307169D
OH3202307169
Pin# hc870SAN

Please, Accept this Letter as a written:

Request for an Administrative Hearing

RECEIVED DOCKETING DIV
2021 SEP 16 PM 1:54
PUCO

Incident:

As stated in the letter I received recently, on 6-7-21 I, Kim Sangseob, operating a Schneider Truck was according to the DOT Officer completing the inspection "Found to not be wearing corrective lens". This offense is coded 391.11.

I humbly request an Administrative Hearing to discuss what I believe are extenuating circumstances and as such will ask this enforcement agency to nullify or vacate this charge register and set aside any fines assessed.

Please feel free to reach me at the following:

(I have moved and here is my new address. A new letter from PUCO has been delivered to my previous address, so I am only now aware of the progress. Please change your address)

Sangseob, Kim
4133 Grasmere Run
Mason, Ohio 45040
Phone # 1-513-500-1765

<Summary>

1. There are no restrictions from the time of obtaining CDL.
2. I think that PUCO's information Unupdated, which is the basis for disposition, is different from BMV information and should be corrected.
3. The following is an email received from PUCO and I will attach documents proving each item.
4. These are all DOT medical examination documents issued by the hospital and documents certifying that there are no restrictions issued by BMV.
5. If these matters are confirmed, it would be appreciated if you could cancel this disposition and delete the record of restrictions for the future.

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 LSN Date Processed 9/16/21

<The following is an email received from PUCO>

mark.banks@puco.ohio.gov <mark.banks@puco.ohio.gov>

2021. 7. 26 .8:35

Good Morning Mr. Sangseob,

Please take a look at the attachment. This is what DOT inspectors see when we check your CDL. On page 2, under medical certificate restrictions, it shows Corrective Lenses. If you do not require corrective lenses, then a mistake was made. We need to determine if:

1. The medical certificate information provided to the BMV was incorrect and showed corrective lenses were required. Or
2. The BMV made a mistake when entering your medical certificate and listed corrective lenses as a requirement.

To be able to assist you in trying to get the violation removed, I need to know which of the 2 errors happened and it also needs to be corrected with BMV. Please continue to communicate with me via email, while trying to resolve this.

Thank You,

Mark Banks

Public Utilities Commission of Ohio
Transportation - Compliance
Hazardous Materials Specialist II
Office: (614) 728-0090
Fax: (614) 466-2753
[PUCO.ohio.gov](mailto:mark.banks@puco.ohio.gov)

-
1. The medical certificate information provided to the BMV was incorrect and showed corrective lenses were required.
----> **Attachment #1 All medical examination documents issued by the hospital (5 sheets)**
 2. The BMV made a mistake when entering your medical certificate and listed corrective lenses as a requirement.
----> **Attachment #2 BMV document proving that there are no restrictions (2 sheets)**

I respect PUCO's authority and despite the difficulty in taking the time to resolve this issue, I visited the place many times and eventually contacted the BMV supervisor, who inquired about this to the upper department and told me the final position of BMV through this.

<BMV Final Conclusion>

As a result of checking the BMV, there were no abnormalities in the 3 DOT Medical Examinations after obtaining the CDL, so there are no restrictions on qualifications, and this is consistent with the current BMV data.

Therefore, there is nothing wrong with the BMV and since it is normal, there are no documents that can be given other than the documents that indicate the status of the existing issues without restrictions. (BMV cannot issue a document proving it because it is correct or there are no mistakes, They say there is no problem with us, you should contact PUCO)

<My Opinion>

The current situation is not attributable to me, and I have done everything I can to respect PUCO's authority.

It is believed that an individual who did not know the cause of the exchange data error that occurred between government agencies could not solve it.

I'm under a lot of stress both physically and mentally with this day.

I would appreciate it if you could take quick action in consideration of this situation.

Thank you for your earnest consideration:

Sangseob Kim

Attachment #1

Public Burden Statement

A Federal agency may not 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 subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be 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 other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 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:** Kim **First Name:** Sangseob 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 intracity 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 Certificate Expiration Date
09/18/2021

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Tyrer, Lynn PA-C

Medical Examiner's Telephone Number

(812) 932-5105

Date Certificate Signed

Sep 18, 2019

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

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

10000838A

Issuing State

IN

National Registry Number

5860944195

Driver's Signature

Driver's License Number

Issuing State/Province

OH

Driver's Address

Street Address: 5720 Winton Rd Apt 109

City: Cincinnati

State/Province: OH

Zip Code: 45232

CLP/CDL Applicant/Holder

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Kim First Name: Sangseob Middle Initial: Date of Birth: Age: 48
Street Address: 5720 Winton Rd Apt 109 City: Cincinnati State/Province: OH Zip Code: 45232
Driver's License Number: Issuing State/Province: OH Phone: (513) 500-1765 Gender: ☒ M ☐ F
E-mail (optional): CLP/CDL Applicant/Holder*: ☒ Yes ☐ No
Driver ID Verified By**: LICENSE
Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See Instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Last Name: Kim

First Name: Sangseob

DOI

Exam Date: Sep 18, 2019

DRIVER HEALTH HISTORY (continued)

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature:

Sangseob Kim

Date: Sep 18, 2019

SECTION 2. Examination Report (to be filled out by the medical examiner)**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: KimFirst Name: Sangseob

DOB: _____

Exam Date: Sep 18, 2019**TESTING**

Last Name: Kim First Name: Sangseob DOB: _____ Exam Date: Sep 18, 2019

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): Tyrer, Lynn PA-C

Medical Examiner's Address: 1051 State Road 229 North City: Batesville State: IN Zip Code: 47006

Medical Examiner's Telephone Number: (812) 932-5105 Date Certificate Signed: Sep 18, 2019

Medical Examiner's State License, Certificate, or Registration Number: 10000838A Issuing State: IN

☐ MD ☐ DO ☒ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 5860944195

Medical Examiner's Certificate Expiration Date: 09/18/2021



**STATE OF OHIO - BUREAU OF MOTOR VEHICLES
APPLICATION FOR DRIVER'S LICENSE**

SANGSEOB

KIM

Residential Address:

Resident:

OH 1mths

Sex: MALE

DOB

Height:

Weight: 1

Hair: Black

Eyes: Black

U.S. Citizen: Yes

Agency: 8311

DL/ID Issue Date: 10/23/2018

Application #:

DL/ID

Transaction: Original

Ignition Interlock: No

Phone:

Class:

D - Operator

Restrictions:

B-Corrective Lenses

Card Type:

Standard-Not for Federal ID

Endorsements:

Exp Date:

1/5/2022

Fees:

Endorsement Fee \$0.00

Vision Fee \$0.00

Lamination Fee \$1.50

Excess Fee \$0.00

License Fee \$18.00

DL/ID Fee Total \$19.50

Deputy Fee \$3.50

Total Fee \$23.00

Your DL/ID/TIPIC will be shipped to the following address: 5365 MASON GRAND DR
MASON, OH 45040

I DO have a current driver license or I.D. card from KOREA, REP OF ID: Exp 12/18/2018.

I do NOT have driving privileges now suspended or revoked or cancelled or otherwise disqualified or subject to an out of service order in this state or any other state.

I do NOT have a pending citation for a violation of any motor vehicles law or ordinance in this or any other state.

I do NOT have a condition that results in episodic impairment of consciousness or loss of muscular control.

I do NOT have a physical or mental condition that prevents me from exercising reasonable and ordinary control of a motor vehicle.

I am NOT chemically dependent on alcohol or a drug of abuse or currently using alcohol or a drug of abuse.

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13. APPLICATION INFORMATION AND SIGNATURE(S) CAPTURED ELECTRONICALLY.

Financial Responsibility Statement

I have read and understand the financial responsibility statement (BMV 3135).

I affirm that I now have insurance or other proof of financial responsibility (FR PROOF) and that I will not operate any motor vehicle without FR PROOF (R.C. 4509.101).

By signing I agree to and attest that all the above is true and accurate.

Applicant Signature

Sangseob Kim



STATE OF OHIO - BUREAU OF MOTOR VEHICLES
APPLICATION FOR DRIVER'S LICENSE

SANGSEOB
KIM

Residential Address:

Resident:
OH10mths

Sex: MATED
DOB: +
Height
Weight
Hair: Black
Eyes: Black
U.S. Citizen: No
USCIS Document: I-551

Agency: 0901
DL/ID Issue Date: 8/1/2019
Application #:
DL/ID #:
Transaction: Upgrade License
Ignition Interlock: No

Class:
A - Class A CDL
Restrictions:
Card Type:
Standard-Not for Federal ID

Endorsements:
MTX

Exp Date:
1/5/2022

Fees:	
Endorsement Fee	\$0.00
Vision Fee	\$0.00
Document Processing Fee	\$1.50
Excess Fee	\$0.00
License Fee	\$37.00
DL/ID Fee Total	\$38.50
Deputy Fee	\$3.50
Total Fee	\$42.00

Your DL/ID/TIPIC will be shipped to the following address: 5720 WINTON RD APT 109
CINCINNATI, OH 45232

I self-certify my expected type of driving to be CATEGORY 1: INTERSTATE, EXP: 5/6/2021.

I DO have a current driver license or I.D. card from Ohio ID# Exp 01/05/2022.

I do NOT have driving privileges now suspended or revoked or cancelled or otherwise disqualified or subject to an out of service order in this state or any other state.

I do NOT have a pending citation for a violation of any motor vehicles law or ordinance in this or any other state.

I do NOT have a condition that results in episodic impairment of consciousness or loss of muscular control.

I do NOT have a physical or mental condition that prevents me from exercising reasonable and ordinary control of a motor vehicle.

I am NOT chemically dependent on alcohol or a drug of abuse or currently using alcohol or a drug of abuse.

I am applying for a Commercial Driver's License and have met the driver physical qualification standards as stated in 49 CFR Part 391. Unless exempt, I do possess a valid Medical Examiner's Certificate (DOT card or medical waiver) and I have complied with all other requirements described in this application. The vehicle I am using to take the driving skills is representative of the type of vehicle I expect to operate or I am currently operating.

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Applicant Signature

Sangseob Kim