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**Submit CMV Driver Exam Results Reported on MER Form, MCSA-5875**

Only use this form for driver exams performed after December 21, 2015

Date of Examination\* (use mm/dd/yyyy format) :

**CMV Driver Information (use Legal Name as listed on Government-Issued Identification)**

Last Name*	First Name*	Middle Initial
<input type="text" value="Record"/>	<input type="text" value="Test"/>	<input type="text"/>
Street Address*		
<input type="text" value="55 Broadway"/>		
City*	State/Province*	Zip Code*
<input type="text" value="Cambridge"/>	<input type="text" value="MA"/>	<input type="text" value="02142"/>
E-mail Address		
<input type="text" value="marianne.barry.ctr@dot.g"/>		

**CMV Driver's License Information**

License Number*	Issuing State/Province*	Date of Birth*	CLP/CDL Applicant/Holder*
<input type="text" value="1237777"/>	<input type="text" value="MA"/>	<input type="text" value="01/02/1994"/> <small>(use mm/dd/yyyy format)</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Examination Information**

Examination performed in accordance with\* :  Federal Regulations  State Variance

Federal Regulations : Select Federal Regulations for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) State Variance : Select State Variance for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49), with any applicable State variances.

Examination Result\* :  Medically Qualified  Medically Unqualified  Determination Pending  Incomplete Examination

Date Exam result determined

Medical Examiner's Certificate Expiration Date\*

Restriction and Variances :

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a Skilled Performance Evaluation (SPE) Certificate
- Accompanied by  waiver/exemption
- Driving within an exempt intracity zone (49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64
- Grandfathered from State requirements

Explain if "other"

\*Required Field