



I want to...

[Submit CMV Driver Exam Results Reported on MER Form](#)

[View Submitted Exams](#)

[Report "No Exams to Submit"](#)



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* :	Date Exam result determined
<input checked="" type="radio"/> Medically Qualified	<input type="text" value="01/14/2016"/>
<input type="radio"/> Medically Unqualified	Medical Examiner's Certificate Expiration Date*
<input type="radio"/> Determination Pending	<input type="text" value="01/15/2017"/>
<input type="radio"/> Incomplete Examination	

Restriction and Variances :

<input type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64
<input type="checkbox"/> Accompanied by a Skilled Performance Evaluation (SPE) Certificate	<input type="checkbox"/> Grandfathered from State requirements

Accompanied by waiver/exemption

Explain if "other"

*Required Field