

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: SB 167				DATE: 4/11/2023				
COMMITTEE: Professional Registration and Licensing								
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMATIONAL PURPOSES					
		WITNESS NAME						
REGISTERED LOBBYIST:								
WITNESS NAME: JAMES HARRIS				PHONE NUMBER: 573-761-7875				
REPRESENTING: OOIDA			TITLE:					
ADDRESS: 122 EAST HIGH STREET, SUITE 200								
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101				
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/11/2023 12:00 AM					
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.								



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: SB 167				DATE: 4/11/2023				
COMMITTEE: Professional Registration and Licensing								
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMATIONAL PURPOSES					
		WITNESS NAME						
REGISTERED LOBBYIST:								
			PHONE NUM 573-634-3					
REPRESENTING: MISSOURI TRUCKING ASSOCIATION			TITLE: PRESIDE	TITLE: PRESIDENT/CEO				
ADDRESS: 102 E HIGH ST								
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102				
EMAIL: tom@motrucking.	org	ATTENDANCE: In-Person	SUBMIT DATE: 4/11/2023 10:22 AM					

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

During the pandemic, CDL holders were able to submit their medical cards electronically instead of having to come in person and hand a piece of paper to the state from their doctor. It makes zero sense that we force drivers to come in person to hand a piece of paper when a simple email/fax/scan/text should be able to suffice in today's technological world.



MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: SB 167				DAT 4/1	E: 1/2023			
COMMITTEE: Professional Registration and Licensing								
TESTIFYING:	\square IN SUPPORT OF	▼IN OPPOSITION TO	☐FOR INFORMATIONAL PURPOSES					
WITNESS NAME								
INDIVIDUAL:								
WITNESS NAME: ARNIE C. DIENOFF-STATE PUBLIC ADVOCATE			PHON	PHONE NUMBER:				
BUSINESS/ORGANIZATION NAME:			TITLE	TITLE:				
ADDRESS:								
CITY:			STAT	E:	ZIP:			
EMAIL: ArnieDienoff@Yal	hoo.Com	ATTENDANCE: Written	SUBMIT DATE: 4/11/2023 11:23 PM					
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.								