

Public Burden Statement

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13240401399684

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: PESTANA LLANES First Name: ARMANDO 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

7/1/2024**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

LAUREN ROMAN

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

277.000740

Medical Examiner's Telephone Number

(630) 972-0733

Date Certificate Signed

4/1/2024

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

IL

National Registry Number

3476213849**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

P23500083250

Issuing State/Province

FL

Driver's Address


Street Address: 1698 DREZEL RD City: WEST PALM BEACH State/Province: FL Zip Code: 33417 ☒ Yes ☐ No

CLP/CDL Applicant/Holder

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YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED-STOP DOES NOT SEND IT TO THE SDLA.

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National Registry Number	Business Name
3476213849	
First Name	Last Name

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