

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)

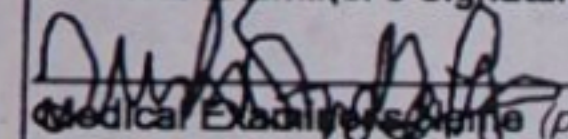
CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Dinkins (first name) Cordero 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____ | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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 Date01/06/2025**MEDICAL EXAMINER INFORMATION****Medical Examiner's Signature**
(please print or type)

Stueber, Trisha

Medical Examiner's Telephone Number

(904) 737-7173

Date Certificate Signed

01/06/2023

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**

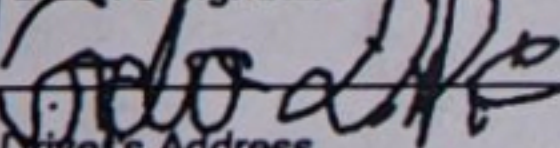
PA9111257

Issuing State

FL

National Registry Number

2173108388

CMV DRIVER INFORMATION**Driver's Signature****Driver's Address****Driver's License Number**

D525117921280

Issuing State/Province

FL

CLP/CDL Applicant/Holder

Street Address: 2437 NW 55TH AVE City: LAUDERHILL State/Province: FL Zip Code: 33313 ☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration

**NATIONAL
REGISTRY**
OF CERTIFIED
MEDICAL EXAMINERS

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Search Medical Examiners

National Registry Number

Business Name

2173108388

First Name

Last Name

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