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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Urbina **First Name:** Julio 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

11/11/25

Medical Examiner's Signature

Julio

Medical Examiner's Telephone Number

786 327 8179

Date Certificate Signed

11/11/23

Medical Examiner's Name (please print or type)

Tanya Kuhn

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

7810

Issuing State

FL

National Registry Number

2356 76299

Driver's Signature

Driver's License Number

U615423672510

Issuing State/Province

FL

Driver's Address

8771 SW 725+

City:

Mt. View

State/Province:

FL

Zip Code:

33173

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



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(Doctor Of Chiropractic)



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Hours of Operation
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National Registry Number 2356768299 **Certification Date** 01/10/2014

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