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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) Molina (first name) Ariel in accordance with (please check only)  the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.43) 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 391.41-41.43) 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.

Wearing corrective lenses     Accompanied by a waiver/exemption (specify type): \_\_\_\_\_  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  
04/03/2025

**MEDICAL EXAMINER INFORMATION**

**Medical Examiner's Signature**

Medical Examiner's Name (please print or type)  
Hensley, Lauren

Medical Examiner's Telephone Number  
(354)564-2592

Date Certificate Signed  
04/03/2023

Medical Examiner's State License, Certificate, or Registration Number  
OS17522

MD     Physician Assistant     Advanced Practice Nurse  
 DO     Chiropractor     Other Practitioner (specify) \_\_\_\_\_

Issuing State  
FL

National Registry Number  
7244561443

**CMV DRIVER INFORMATION**

**Driver's Signature**

Driver's Address

Driver's License Number  
M45000710140

Issuing State/Province  
FL

Street Address: 5900 SW 42nd Ct Bldg 23

City: Davie

State/Province: FL

Zip Code: 33314-3602

CLP/CDL Applicant/Holder

Yes     No

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**Search Medical Examiners**

City, State or Zipcode:  10 Miles

National Registry Number	Business Name
7244561443	
First Name	Last Name

Basic Search [Search](#)

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**Dr. Lauren Hetsley (Doctor Of Osteopathy)**  
Governa Medical Center  
12170 W Sunrise Blvd Plantation, FL 33323  
(954) 474-4493 [Directions](#)

