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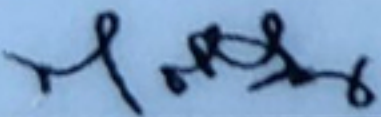
U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

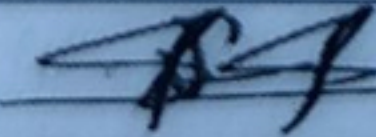
**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** GARCIA RODRIGUEZ **First Name:** VLADIMIR 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**  
10/30/2024

<b>Medical Examiner's Signature</b> 	<b>Medical Examiner's Telephone Number</b> <u>(305) 597-8707</u>	<b>Date Certificate Signed</b> <u>10/30/2023</u>
<b>Medical Examiner's Name (please print or type)</b> <u>Maylin Moll Dalgado</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
<b>Medical Examiner's State License, Certificate, or Registration Number</b> <u>APRN11024783</u>	<b>Issuing State</b> <u>FL</u>	<b>National Registry Number</b> <u>9043440272</u>

<b>Driver's Signature</b> 	<b>Driver's License Number</b> <u>G626860781620</u>	<b>Issuing State/Province</b> <u>FL</u>
<b>Driver's Address</b> Street Address: <u>199 DOORSET E APT 199</u> City: <u>BOCA RATON</u> State/Province: <u>FL</u> Zip Code: <u>33434</u>	<b>CLP/CDL Applicant/Holder</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	





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 **Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)**

 **Dot Solution Inc**

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 (305) 597-8707

 N/A [Directions](#) 

