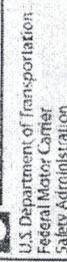


Public Burden Statement

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

I certify that I have examined Last Name: Velasco First Name: Darcel 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 391.6.) (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

01-28-2025

Medical Examiner's Signature

Kancyatal Bhagwanji Tejura

Medical Examiner's Telephone Number

(909)605-9713

- | Medical Examiner's Name (please print or type) | | Date Certificate Signed |
|---|--|--------------------------------|
| Kancyatal Bhagwanji Tejura | | <u>01-28-2023</u> |
| <input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse
<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ | | |

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

A30962

Issuing State

California

National Registry Number

5224050130

Driver's Signature

Elton

Driver's License Number

04709859

Issuing State/Province

California

Driver's Address

Street Address:

City:

State/Province:

6727 Drury Ave.

Reseda

CA

CUP/CDL Applicant/Holder
 Yes No

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 Dr. KANEYALAL TEJURA
(Medical Doctor)



Email



Website

Practice Business Name

K.B.TEJURA,M.D., MED. CORP.

Address

4325 GUASTI ROAD ONTARIO, CA 91761

Hours of Operation

National Registry Number Certification Date
5224050130 05/14/2013

Distance Business Phone
N/A (909) 605-9713

Business Fax Number
9096059941

Business Email
tejuramedicalclinc@gmail.com

