

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) Learez (first name) Hector 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 (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: 4-19-2024

MEDICAL EXAMINER INFORMATIONMedical Examiner's Signature [Signature]Medical Examiner's Telephone Number
305-882-1100Date Certified/Examined
4-19-2024

Medical Examiner's Name (please print or type)

Zoraima Izquierdo Reyes, APRN

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

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

APRN-11000318Issuing State
FL

National Registry Number

2633660450**CMV DRIVER INFORMATION**Driver's Signature [Signature]

Driver's License Number

J62032071670 FL

Driver's Address

Street Address

1900 NW 37th Ave #A30

City

State

Province

Zip Code

City

State

Province

Zip Code

City

State

Province

Zip Code

City

State

Province

Zip Code

City

State

Province

Zip Code

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