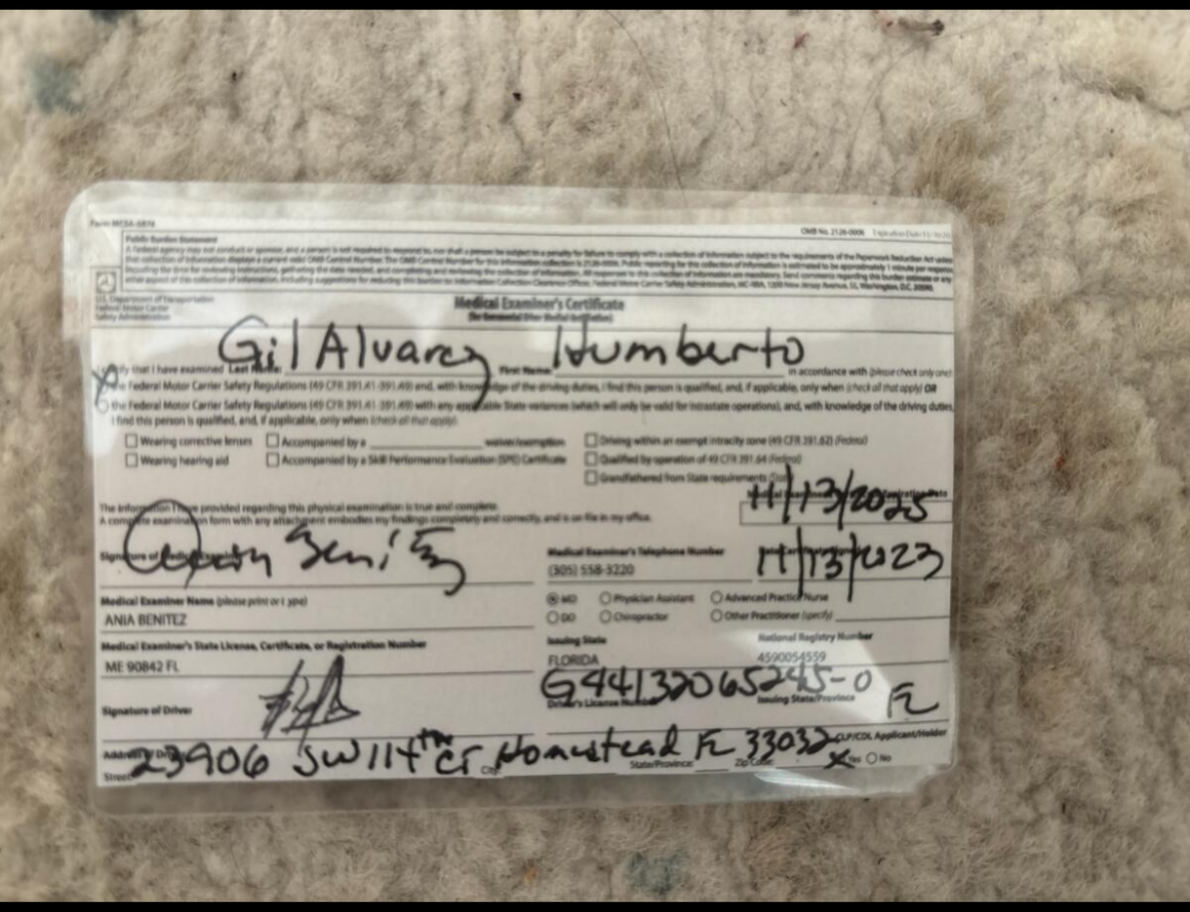

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/2026

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examiner's Certificate

(to demonstrate Driver Medical Qualification)

I certify that I have examined **Last Name** Gil Alvarez **First Name** Humberto in accordance with *(please check only one)*:

X 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 (Specify) **Medical Examiner's Certificate Expiration Date:** 11/13/2025

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner [signature] **Date** 11/13/2023

Medical Examiner Telephone Number (305) 558-3220

Medical Examiner Name *(please print or type)* ANIA BENITEZ

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number ME 90842 FL

Issuing State FLORIDA **National Registry Number** 4590054559

Signature of Driver [signature] **Driver's License Number** G441320652450 **Issuing State/Province** FL

Address of Driver 23906 SW 114th Ct **City** Homestead **State/Province** FL **ZIP Code** 33032 **CLP/CDL Applicant/Holder** X Yes ○ No

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 4590054559

Business Name:

First Name:

Last Name:

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Dr. Ania Benitez (Medical Doctor)
Benitez Ania MD PA
3750 W 16th Ave Suite 110 Hialeah, FL 33012
(305) 558-3220 *N/A* Directions

W 16th Ave
W 16th Ave
W 16th Ave