

PLEASE NOTE: The expiration date on this form relates to the period for which the information collection request is valid. It includes this form with the Office of Management and Budget. This request is to collect information for the purpose of determining the need for a license to operate a motor vehicle. A person is not required to respond to this request unless the person is a driver of a motor vehicle. The information collected is used for the purpose of determining the need for a license to operate a motor vehicle. The information collected is used for the purpose of determining the need for a license to operate a motor vehicle. The information collected is used for the purpose of determining the need for a license to operate a motor vehicle.

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) DEL TUNO, BESTAND, JOSE in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.50) 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 391.41-391.50) 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): _____

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)

☐ 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 5-12-2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number 854-693-2782 Date Certificate Signed 5-12-2023

Medical Examiner's Name (please print or type) DARELL RICH

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number CH 8741 Issuing State Florida National Registry Number 3889855894

CMV DRIVER INFORMATION

Driver's Signature _____ Driver's License Number D436433734020 Issuing State/Province FL

Driver's Address _____

Street Address: 4447 NW 75TH TER City: COPELAND State/Province: FL Zip Code: 33993 CLP/CDL Applicant/Holder Yes ☐ No ☒

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 12/15/21



 **Dr. Darell Rich**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Fast Cdl Physical

Address
5781 Bayshore Rd #103 N Ft Myers, FL 33917

Hours of Operation
mon - thurs(8-12 & 1:30-4) (fri 8-12)

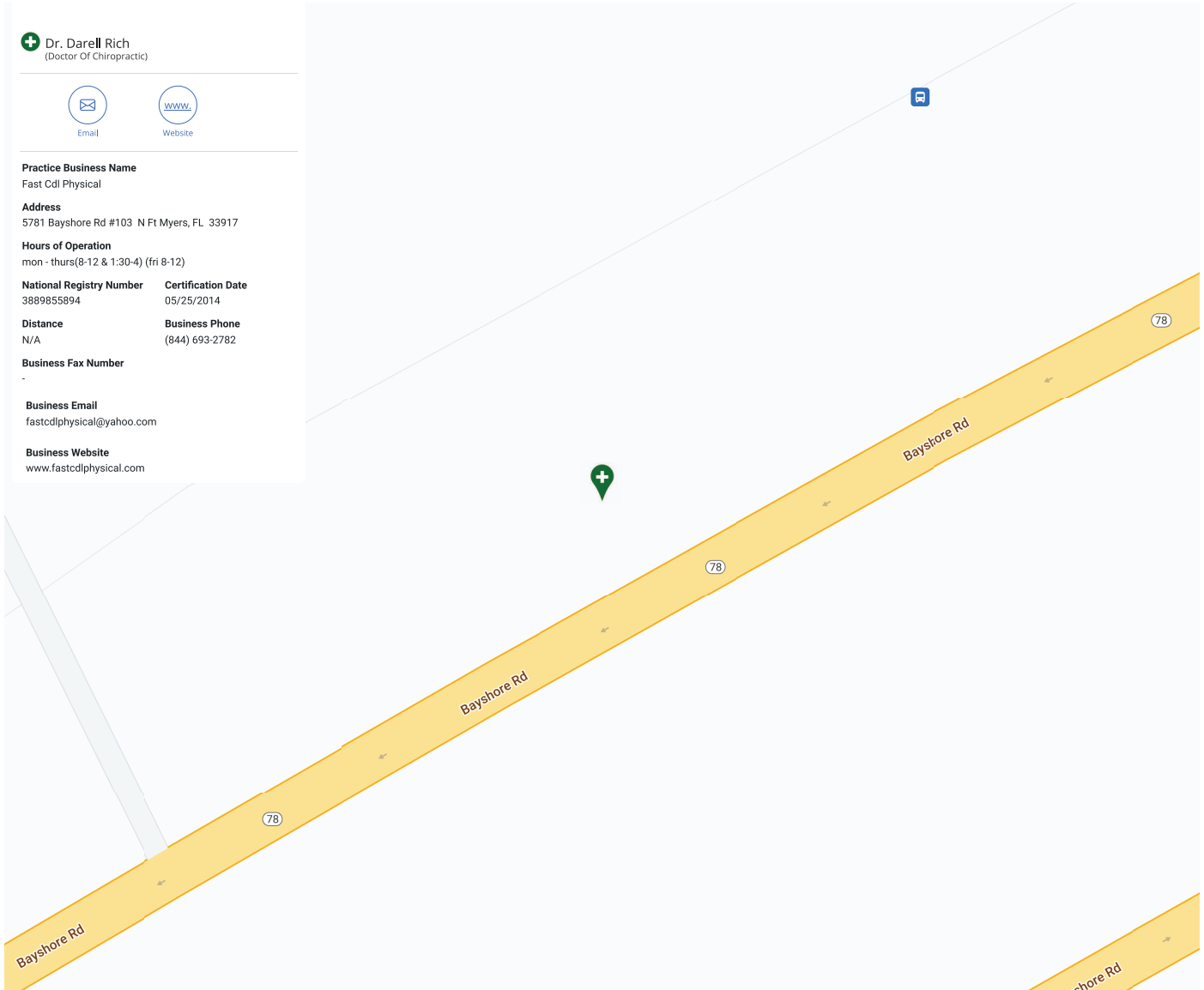
National Registry Number 3889855894
Certification Date 05/25/2014

Distance N/A
Business Phone (844) 693-2782

Business Fax Number

Business Email
fastcdlphysical@yahoo.com

Business Website
www.fastcdlphysical.com



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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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WASHINGTON, DC 20590
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