



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

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that W. HAZARI First Name: JUNIOR in accordance with (please check only one):

- ☒ the Federal Motor Vehicle Safety Act (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 Vehicle Safety Act (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 only when (check all that apply):

- ☐ Waived by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Waived by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information on this form is true and complete. A complete Medical Examination Report Form, MCSA-5875, is on file in my office.

Medical Examiner's Certificate Expiration Date

04/17/2025

Medical Examiner's Signature

Medical Examiner's Title

Medical Examiner's License Number

Driver's Signature

Driver's Address

Street Address

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Medical Examiner's Telephone Number

(770) 824-4343

Date Certificate Signed

04/17/2023

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

Issuing State

GA

National Registry Number

7296393126

Driver's License Number

H663 420892210

Issuing State/Province

FL

41 St

City:

Miami

State/Province:

FL

Zip Code:

33150

CLP/CDL Applicant/Holder

- ☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration

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