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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Alceus **First Name:** Pierre 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 391.62) (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

07/31/2024

Medical Examiner's Signature

William Hoffmeister

Medical Examiner's Telephone Number

(407) 855-7199

Date Certificate Signed

07/31/2023

Medical Examiner's Name (please print or type)

William Hoffmeister

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

CH7807

Issuing State

FL

National Registry Number

3223000069

Driver's Signature

Alceus Pierre

Driver's License Number

a 422-673-68-138-0

Issuing State/Province

FL

Driver's Address

Street Address: 438 west oakridge Rd Apt 204

City: Orlando

State/Province: FL

Zip Code: 32809

CLP/CDL Applicant/Holder

Yes ☐ No ☒

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 **Dr. William Hoffmeister**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Pine Castle Chiropractic Center

Address

707 E. Oakridge Road Orlando, FL 32809

Hours of Operation

m, t, th 7:30-3:00pm wed, friday 7:30-12pm

National Registry Number

3223000069

Certification Date

04/09/2013

Distance

N/A

Business Phone

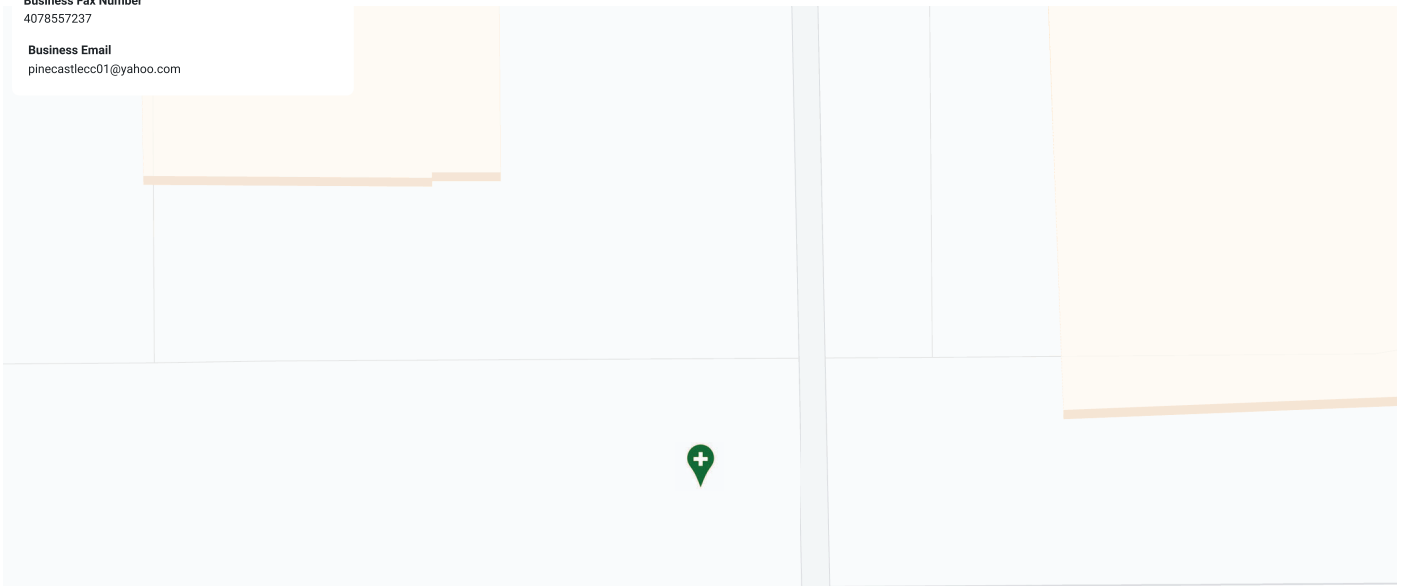
(407) 855-7199

Business Fax Number

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Business Email

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