

THE COMMERCIAL 3-YEAR MEDICAL CERTIFICATION

I certify that I have examined (last name) BARRY BOUZA (first name) TORRE. In accordance with (please check only one):
☒ The Federal Motor Carrier Safety Regulations (49 CFR 383.61, 383.63) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when I check all that apply: **OR**
☐ The Federal Motor Carrier Safety Regulations (49 CFR 383.61, 383.63) with any applicable State variations (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 I check all that apply:
☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption from my type _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt category from 49 CFR 383.62 (Exempt)
☐ Qualified by operation of 49 CFR 383.64 (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
02/21/16

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
<i>[Signature]</i>	813-353-8305	02/26/14
Medical Examiner's Name (please print or type)	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> DO <input type="radio"/> Chiropractor	<input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> Other Practitioner (specify)
Medical Examiner's Name (please print or type)		
Deyvis Aguilera A.B.N.P.		
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
94076693	Florida	9792305645

Driver's Signature [Signature] Driver's License Number B(11-42)-PL-42-0 Issuing State/Province FL
Driver's Address _____
Street Address 501 Georgetown Dr. W Tampa State/Province FL Zip Code 33629 CLP/CPL Applicant/Holder ☒ Yes ☐ No



FMCSA

Federal Motor Carrier Safety Administration

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 **Mrs. Deysi Aguilera (Nurse Practitioner)**

 **Phoenix Medical Clinic**

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 (813) 352-8305

 N/A [Directions](#)

