

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Barky Bantz (first name) Forge 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 (specify type): _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate _____
☐ Driving within an exempt intracity zone (49 CFR 391.62) (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 Date02/21/24**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature [Signature]
Medical Examiner's Name (please print or type)
Deysi Aguilera ARNP
Medical Examiner's State License, Certificate, or Registration Number
9407603

Medical Examiner's Telephone Number
813-352-8305
Date Certificate Signed
02/21/24
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____
Issuing State
Florida
National Registry Number
9592102665

CMV DRIVER INFORMATION

Driver's Signature [Signature]
Driver's License Number
BW11-421-84-421-0
Issuing State/Province
FL
Driver's Address
Street Address: 561 Georgetown Dr City: Tampa State/Province: FL Zip Code: 33624
CLP/CDL Applicant/Holder
☒ Yes ☐ No



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



Email



Website

Practice Business Name

Phoenix Medical Clinic

Address

6408 N Armenia Ave Ste B1 Tampa, FL 33604

Hours of Operation

-

National Registry Number

9592102665

Certification Date

12/23/2015

Distance

N/A

Business Phone

(813) 352-8305

Business Fax Number

8136660509

Business Email

deysiag@att.net

