

Public Burden Statement

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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: GALVEZ

First Name: JOSE

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 ☐ 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

03/09/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(254) 295-0117

03/09/2024

Medical Examiner's Name (please print or type)

DOUGLAS MILLS

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

N8043

Issuing State

Texas

National Registry Number

8910118679

Driver's Signature

Driver's License Number

Issuing State/Province

G412432740660

Florida

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 1470 NE 125 TERRACE APT. 601

City: NORTH MIAMI

State/Province: FL

Zip Code: 33161

☒ Yes ☐ No



Search Medical Examiners

City, State or Zipcode **10** Miles

National Registry Number Business Name

First Name Last Name

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Dr. DOUGLAS MILLS (Medical Doctor)
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