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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:** Cantirino **First Name:** Timothy 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

03/04/2026

Medical Examiner's Signature**Medical Examiner's Telephone Number****Date Certificate Signed**

(727) 547-8615

03/04/2024

Medical Examiner's Name (please print or type)

Anna Laurance

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number

CH7061

Issuing State

Florida

National Registry Number

3404855934

Driver's Signature**Driver's License Number****Issuing State/Province**

C536-801-70-468-0

Florida

Driver's Address

Street Address: 7801 86th Way

City: Largo

State/Province: FL

Zip Code: 33777

CLP/CDL Applicant/Holder☒ Yes ☐ No

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3404855934

First Name Last Name

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