

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:** Assenza **First Name:** Darrin 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
07/09/2027

Medical Examiner's Signature

Grant Neeley APRN

Medical Examiner's Name (please print or type)

Grant Neeley

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

APRN11016972

Medical Examiner's Telephone Number

(352) 725-7656

Date Certificate Signed

07/09/2025

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

8115483253

Driver's Signature

DC Assenza

Driver's License Number

A252163673320

Issuing State/Province

Florida

Driver's Address

Street Address: 1527 Toledo ST

City: Holiday

State/Province: FL

Zip Code: 34690

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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