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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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date07/12/2025

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 Signature**Medical Examiner's Name** (please print or type)Jeremiah DuPriest**Medical Examiner's State License, Certificate, or Registration Number**11001331**Medical Examiner's Telephone Number**(727) 935-1050**Date Certificate Signed**07/12/2023

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

Issuing StateFlorida**National Registry Number**9444990176**Driver's Signature****Driver's License Number**A252-163-67-332-0**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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Federal Motor Carrier Safety Administration



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Mr. Jeremiah DuPriest (Advanced Practice Registered Nurse)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

