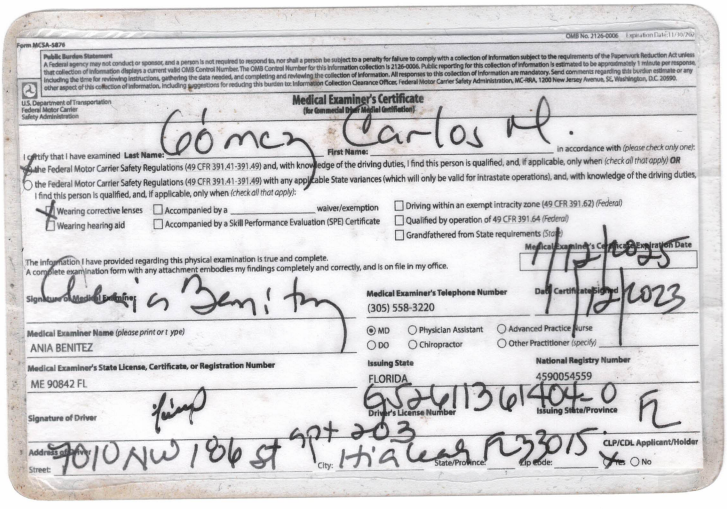

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/202

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Motor Vehicle Certification)

I certify that I have examined **Last Name:** Gómez **First Name:** Carlos M. 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 Date: 7/12/2025

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner: Ania Benitez **Medical Examiner's Telephone Number:** (305) 558-3220 **Date Certificate Signed:** 7/12/2023

Medical Examiner Name *(please print or type)*: ANIA BENITEZ
☉ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: ME 90842 FL **Issuing State:** FLORIDA **National Registry Number:** 4590054559

Signature of Driver: [signature] **Driver's License Number:** G526113611404.0 **Issuing State/Province:** FL

Address of Driver: **Street:** 9010 NW 186 St apt 203 **City:** Hialeah **State/Province:** FL **Zip code:** 33015 **CLP/CDL Applicant/Holder:** ☒ Yes ○ No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Dr. Ania Benitez (Medical Doctor)
Benitez Ania MD PA
3750 W 16th Ave Suite 110 Hialeah, FL 33012
(305) 558-3220 *N/A* Directions