Form MCSA-5876

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OMB No. 2126-0006 Expiration Date: 11/30/2023

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

Medical Examiner's Certificate
(for Commercial Driver's Medical Certification)

I certify that I have examined **Last Name:** ACOSTA **First Name:** NELSON in accordance with *(check 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____, waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ 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: 10/25/2024

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-652-3614

Date Certificate Signed: 10/25/2022

Medical Examiner's Name *(please print or type)*: VICTOR P.KRESTOW

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

Medical Examiner's State License, Certificate, or Registration Number: ME 9814

Issuing State: FL

National Registry Number: 2287679143

Driver's Signature: [signature]

Driver's License Number: A223-620-67-005-0

Issuing State/Province: FL

Driver's Address
Street Address: 15480 SW 284th st #2312 City: HOMESTEAD State/Province: FL Zip Code: 33033

CLP/CDL Applicant/Holder: ● Yes ○ No

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Previous Page | 1 of 1 | Next Page

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