	OMB No	2126-0006 Expiration Date: 03/31/2025
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MV DRIVER CERTIFICATION entify that have examined (ast name) Peroz (dist name) (ast name) (ast name) (ast name) (ast name) (ast name) (ast name) (bst name) (ast name) (bst n	Ouno United and	(please check only one):) OR
entify that I have examined (tax name) Federal Motor Carrier Safety Regulations (Fed (S (D	Driving within an exempl Qualified by operation of Grandfathered from State	(Federal)
with any attachments embodies my lindings completely and completely an	Vedical Examiner's Telephone Number 305/593-2174	Date Certificate Signed 09/13/2022
Modical Examiner's Name (please print or type) San Miguel, David Medical Examiner's State License, Certificate, or Registration Number	O Physician Assistant O Ad	vanced Practice Nurse ner Practitioner (specify) National Registry Number 7146559960
057187 CMV DRIVER INFORMATION ტელძყა Signature	Driver's License Number +625420653650	Issuing State/Province FL CLP/CDL Applicant/Hold
Driver's Address 13761 SW 90th Ave Apt K205 Klami	State/Province.	Code: 33176-8988 O Yes O No
Street Address:	the sed serve this info	rmation appropriately to prevent inadvertent disclosure by

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