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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: Morancy First Name: Pierrevens 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 391.63 (Federal))
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (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

02/13/2025

Medical Examiner's Signature

William Hoffmeister

Medical Examiner's Telephone Number

(407) 855-7199

Date Certificate Signed

02/13/2023

Medical Examiner's Name (please print or type)

William Hoffmeister

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

CH7807

Issuing State

FL

National Registry Number

3223000069

Driver's Signature

[Signature]

Driver's License Number

M682-660-92-243-0

Issuing State/Province

FL

Driver's Address

Street Address: 5134 chakanolosa cir

City: Orlando

State/Province: FL

Zip Code: 32818

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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File



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707 E. Oakridge Road Orlando, FL 32809

 (407) 855-7199 N/A [Directions](#)