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**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

I certify that I have examined Last Name: Castillo La O First Name: Elizander 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 ☐ 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

04/11/2026

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Hobbs, Robert A

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

3004876

Medical Examiner's Telephone Number

(502)584-2257

Date Certificate Signed

04/11/2024

☐ MD ☐ Physician Assistant☒ Advanced Practice Nurse☐ DO ☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

KY

National Registry Number

5655203026

Driver's Signature

Driver's License Number

C22573793

Issuing State/Province

KY

CLP/CDL Applicant/Holder

Street Address: 1609 Clover St

City: Louisville

State/Province: KY

Zip Code: 40216

☒ Yes ☐ No

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First Name  Last Name

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**+ Robert Hobbs Jr. (Advanced Practice Registered Nurse)**

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

