

Public Burden Statement

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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: Benito Naranjo First Name: Yasmani 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

2-16-25

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 Signature

Medical Examiner's Name (please print or type)

DAVID POTOCHNIK

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

PA 9106970

Medical Examiner's Telephone Number

407-807-6522

Date Certificate Signed

2-16-23

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

Issuing State

FL

National Registry Number

2761094647

Driver's Signature

Driver's License Number

B 535 960 893050

Issuing State/Province

FL

Driver's Address

Street Address:

6696 Corsica CT City: Orlando

State/Province:

FL

Zip Code: 32822

CLP/CDL Applicant/Holder

☐ Yes ☒ No



Search Medical Examiners

National Registry Number

Business Name

2761094647

First Name

Last Name

[Basic Search](#)

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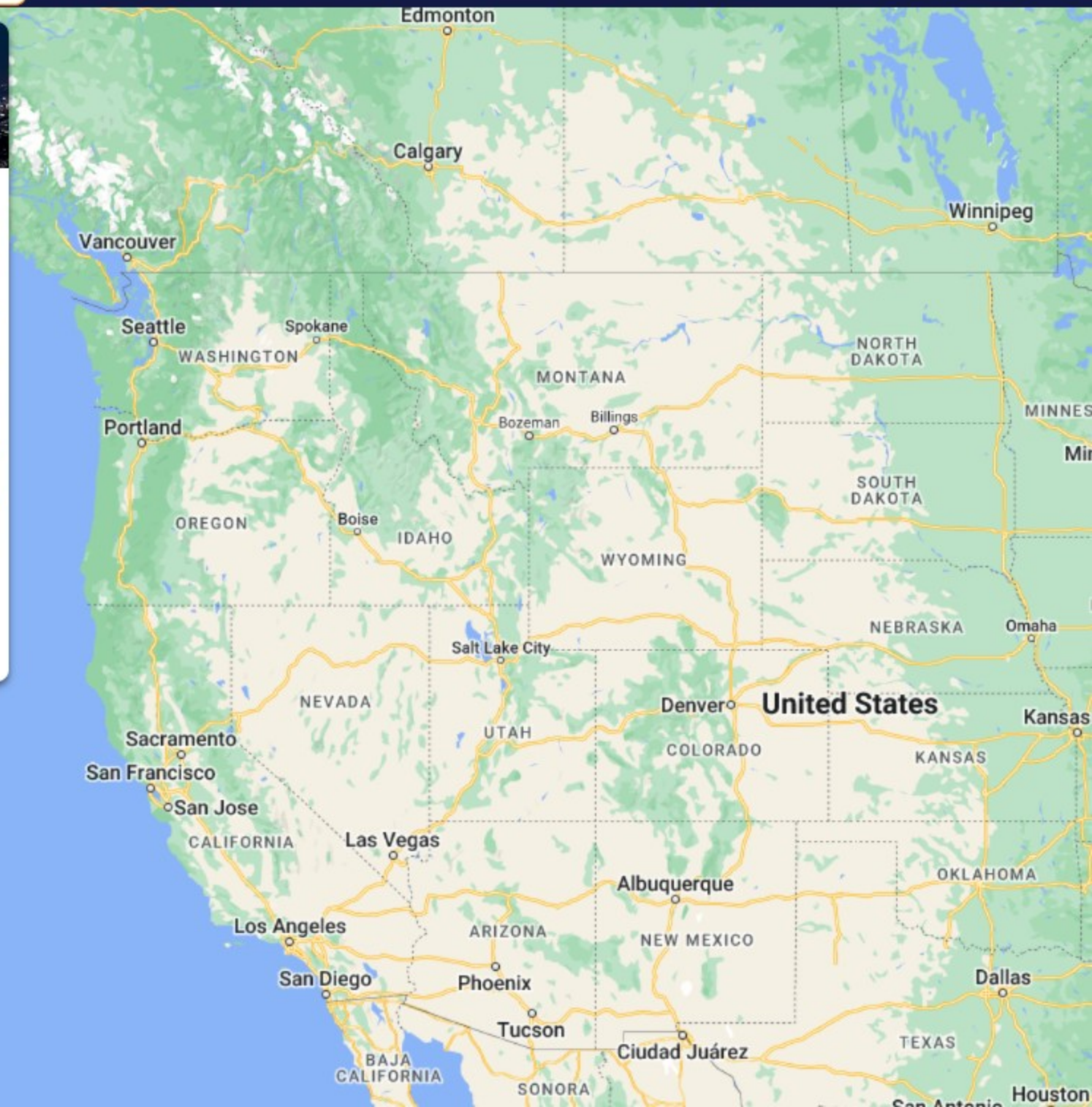
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Mr. David Potochnik (Physician Assistant)

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



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (4/30/2024 10:38:42)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: YASMANI BENITO NARANJO

Date of Birth: 8/25/1989

CDL/CLP ⓘ: US-FL-B535960893050

Consent Information

Requested: 4/30/2024 10:32:13

Recorded: 4/30/2024 10:38:42

Status: Provided

Query History

Created: 4/30/2024 10:32:13

Completed: 4/30/2024 10:38:42

Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations