

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 **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)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ (Federal) Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

02/17/2027

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

J Nuttall DC

Medical Examiner's Telephone Number

(503) 489-2992

Date Certificate Signed

02/17/2025

Medical Examiner's Name (please print or type)

Jesse Nuttall

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

OR

National Registry Number

8128104747

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

3624

Driver's Signature

[Signature]

Driver's License Number

B535960893050

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

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+ Dr. Jesse Nuttall
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

US DOT Exam and Drug Testing Services

Address

816 NW Frontage Rd Suite J Troutdale, OR 97060

Hours of Operation

-

National Registry Number

8128104747

Certification Date

05/17/2021

Distance

N/A

Business Phone

(971) 353-9704

Business Fax Number

5034057775

Business Email

dr.jnuttall@usdotexamanddrugtest.com

Business Website

https://usdotexamanddrugtest.com/

