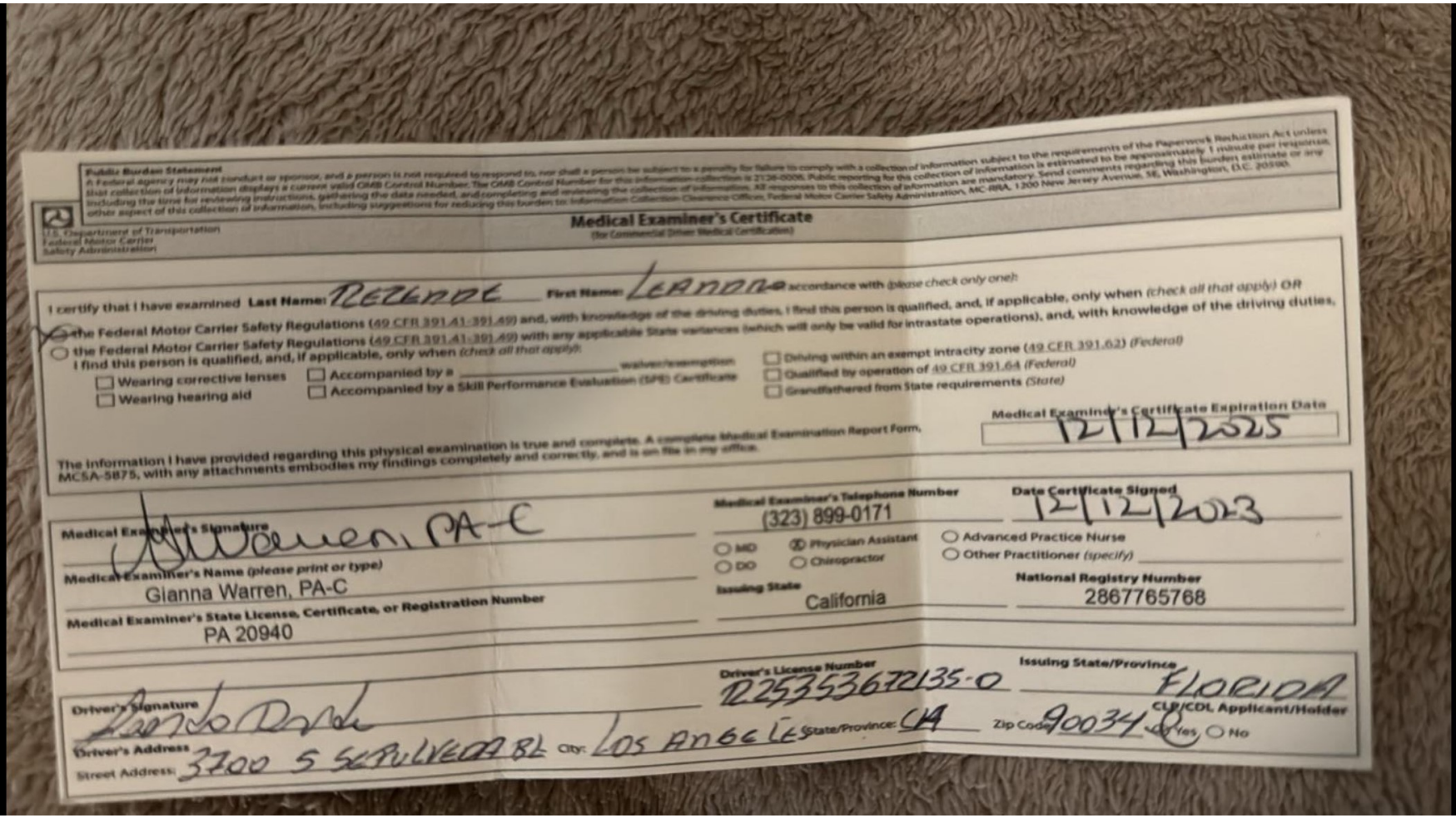

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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:** REGNOT **First Name:** LEANDRO in accordance with *(please check only one)*:

- [X] 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
  - [ ] Wearing hearing aid
  - [ ] Accompanied by a _____ waiver/exemption
  - [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
  - [ ] Qualified by operation of 49 CFR 391.64 *(Federal)*
  - [ ] Grandfathered from State requirements *(State)*

Medical Examiner's Certificate Expiration Date 12/12/2025

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 Gianna Warren, PA-C

Medical Examiner's Name *(please print or type)*: Gianna Warren, PA-C

Medical Examiner's State License, Certificate, or Registration Number: PA 20940

Medical Examiner's Telephone Number: (323) 899-0171

Date Certificate Signed: 12/12/2023

- [ ] MD
- [X] Physician Assistant
- [ ] Advanced Practice Nurse
- [ ] DO
- [ ] Chiropractor
- [ ] Other Practitioner *(specify)* _____

Issuing State: California

National Registry Number: 2867765768

Driver's Signature Leandro Regnot

Driver's License Number: R253536722135-0

Issuing State/Province: FLORIDA

Driver's Address
Street Address: 3700 S SEPULVEDA BL City: LOS ANGELES State/Province: CA Zip Code: 90034

CLP/CDL Applicant/Holder
- [X] Yes
- [ ] No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Ms. Gianna Warren
(Physician Assistant)

Email | Website

Practice Business Name
G Medical

Address
502 South La Brea Avenue Suite B (Inside Southwest Escrow Building) Inglewood, CA 90301

Hours of Operation
walks ins mon-wed-fri from 9:00am-5:00pm. tues-thurs 9:00am-2:00pm. all other times by appointment only (weekend and evening appointments available, please call to schedule)

National Registry Number
2867765768

Certification Date
04/14/2015

Distance
N/A

Business Phone
(323) 899-0171

Business Fax Number
-

Business Email
dotcdlphysical@gmail.com

Business Website
www.dotphysical.la/