

Form MCSA-5876

Public Burden Statement
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OMB No.: 2120-0006 Expiration Date: 12/31/2024

MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Ferreiro Affredo (first name) Affredo 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 (specify type): _____ ☐ 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) _____

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 INFORMATION

Medical Examiner's Signature [Signature]

Medical Examiner's Name (please print or type)

Armando Perez, MD

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

ME-91655

Medical Examiner's Telephone Number

305-882-1100

Date Certificate Signed

1-17-24

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

FL

National Registry Number

4272389252

CMV DRIVER INFORMATION

Driver's Signature [Signature]

Driver's Address

Street Address

City

State

Zip

County

Country

Postal Code

City

State

Zip

County

Country

Postal Code

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Search Medical Examiners

National Registry Number

4272389252

Business Name

First Name

Last Name

Basic Search

Search

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 **Dr. Armando Perez (Medical Doctor)**

 **ARMANDO PEREZ, M.D.**

2412 NW 87 PL DORAL, FL 33176

 (786) 232-5294

 N/A [Directions](#)

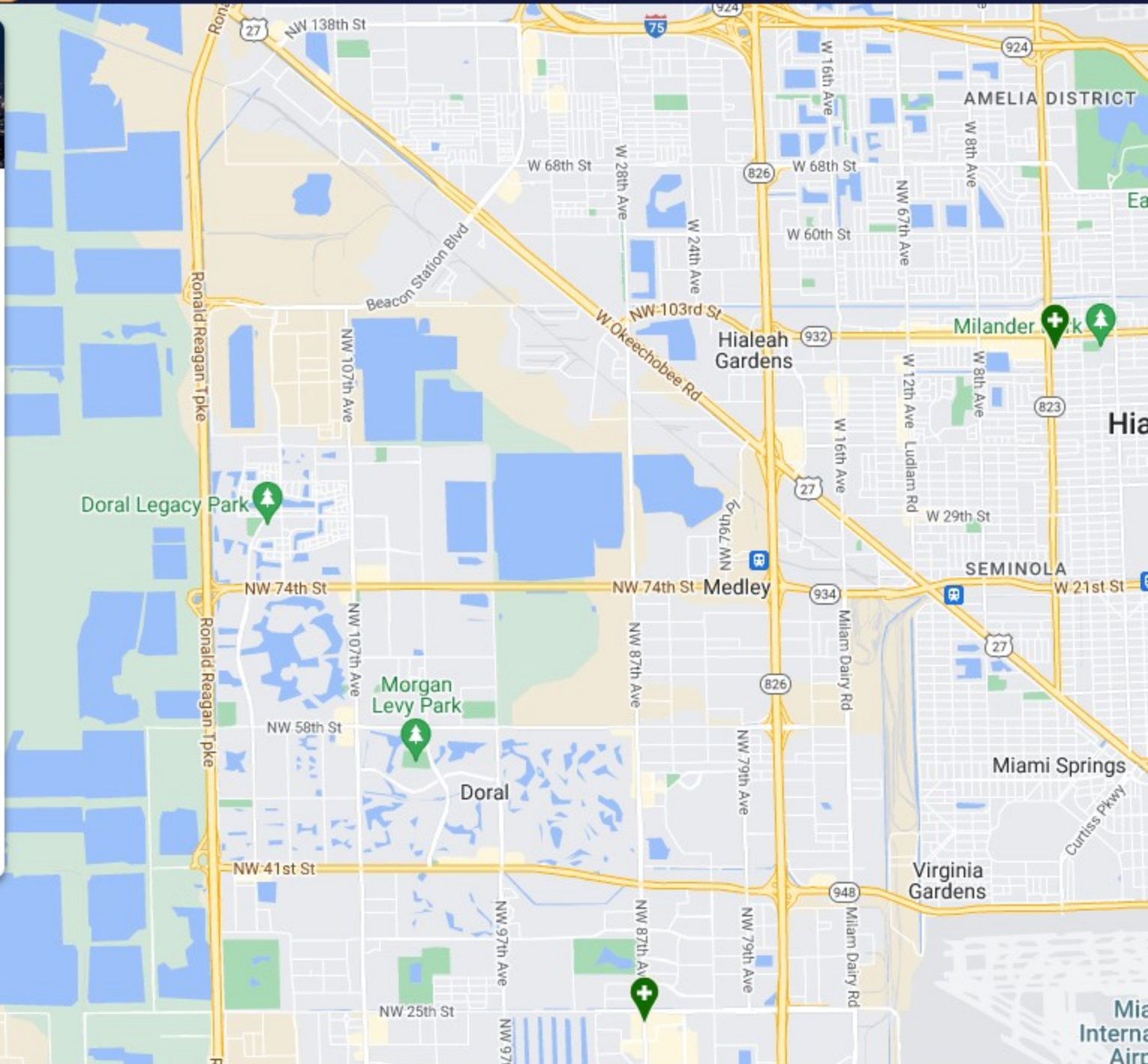
 **Dr. Armando Perez (Medical Doctor)**

 **Armando Perez, MD PA**

4701 W 4 Ave HIALEAH, FL 33012

 (786) 232-5294

 N/A [Directions](#)





 **Dr. Armando Perez**
(Medical Doctor)

[Email](#)[Website](#)**Practice Business Name**

Armando Perez, MD PA

Address

4701 W 4 Ave HIALEAH, FL 33012

Hours of Operation

Monday to Saturday 9:00am to 5:00pm

National Registry Number

4272389252

Certification Date

05/15/2014

Distance

N/A

Business Phone

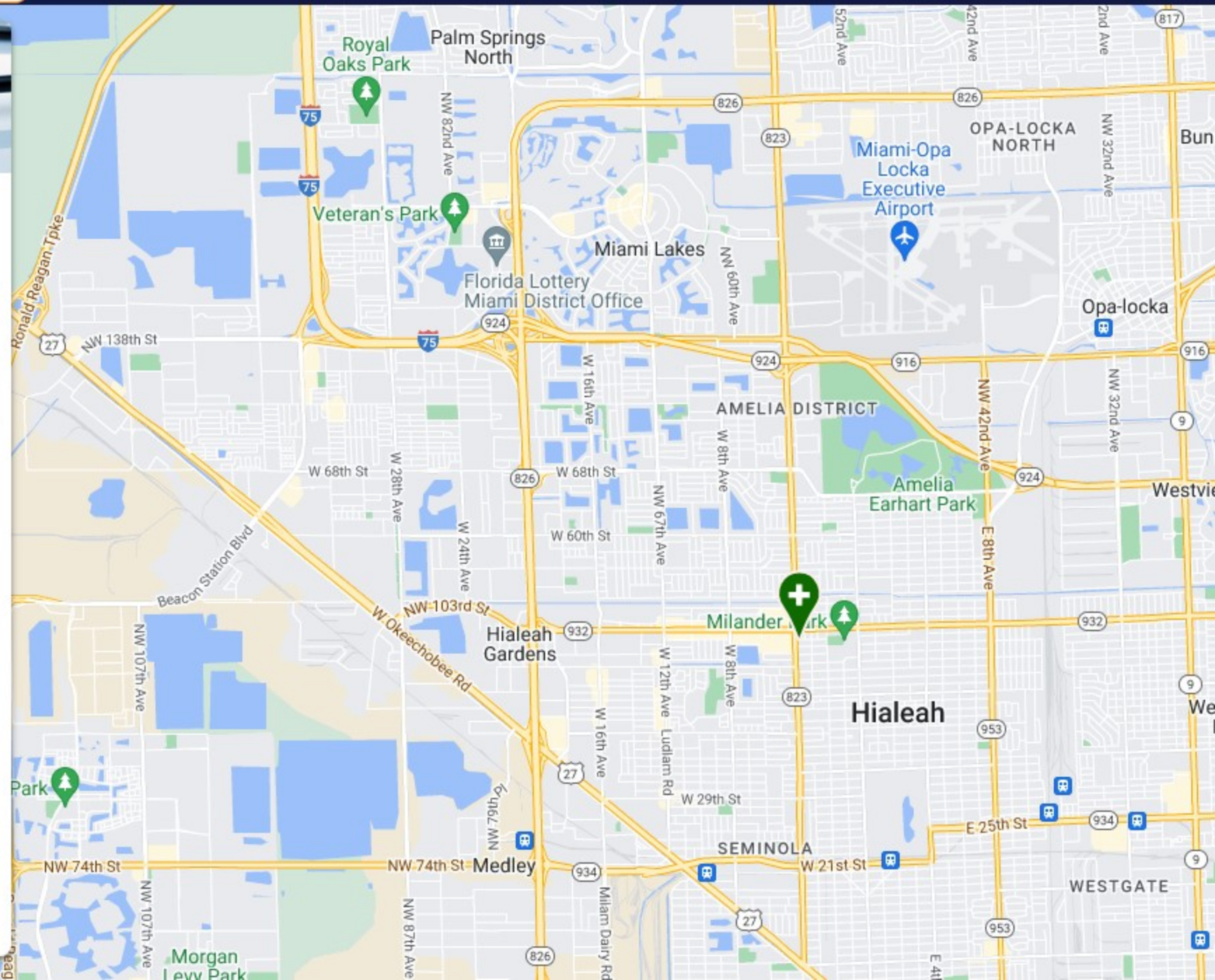
(786) 232-5294

Business Fax Number

-

Business Email

parmando1953@yahoo.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/15/2024 11:38:47)

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

Driver Information

Name: ALFREDO FERREIRO PERAZA

Date of Birth: 4/7/1982

CDL/CLP ⓘ: US-FL-F661000821270

Consent Information

Requested: 5/15/2024 11:25:03

Recorded: 5/15/2024 11:38:47

Status: Provided

Query History

Created: 5/15/2024 11:25:03

Completed: 5/15/2024 11:38:47

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations