

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: SANTIAGO First Name: DWAYNE 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

02/16/2026

Medical Examiner's Signature

Xpress Urgent Care | WPB
4475 Medical Center Way | Ste 103
West Palm Beach, FL 33407
Phone: (561)-781-8070
Fax: (561) 781-8077

Medical Examiner's Telephone Number

(561) 231-6999

Date Certificate Signed

02/16/2024

Medical Examiner's Name (please print or type)

Latoya Howell

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

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

APRN9319636

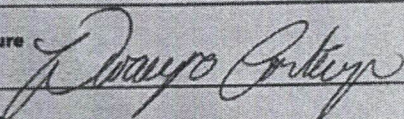
Issuing State

Florida

National Registry Number

3574507085

Driver's Signature



Driver's License Number

S532-160-94-418-0

Issuing State/Province

Florida

Driver's Address

Street Address: 1572 W 31ST ST

City: RIVIERA BEACH

State/Province: FL

Zip Code: 33404

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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**NATIONAL
REGISTRY
OF CERTIFIED
MEDICAL EXAMINERS**

Contact Us



11/07/2020

United States