Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 03/31/2025

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(to demonstrate physical qualification)

I certify that I have examined Last Name: CASTRO-MAZA First Name: JORGE 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 driving in that capacity; 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)

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: 03-15-26

Medical Examiner's Signature: DR G. Bozman

Medical Examiner's Telephone Number: 702 269 1540

Date Certificate Signed: 3-15-24

Medical Examiner's Name (please print or type): DR GERARD BOZMAN

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

Medical Examiner's State License, Certificate, or Registration Number: B010 24

Issuing State: NV

National Registry Number: 3785 827 364

Driver's Signature: [signature]

Driver's License Number: 1505412910

Issuing State/Province: NV

Driver's Address: Street Address 5049 AESOP AVE City LAS VEGAS State/Province NV Zip Code 89139

CLP/CDL Applicant/Holder: [x] Yes [ ] No

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Rev. 3/31/22

Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Dr. Gerard Bozman
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
Dr. Gerard Bozman

Address
8050 Dean Martin Blvd Las Vegas, NV 89139

Hours of Operation
9-7 pm

National Registry Number
3785827364

Certification Date
07/10/2013

Distance
N/A

Business Phone
(702) 269-1540

Business Fax Number
-

Business Email
gerardbozman@gmail.com