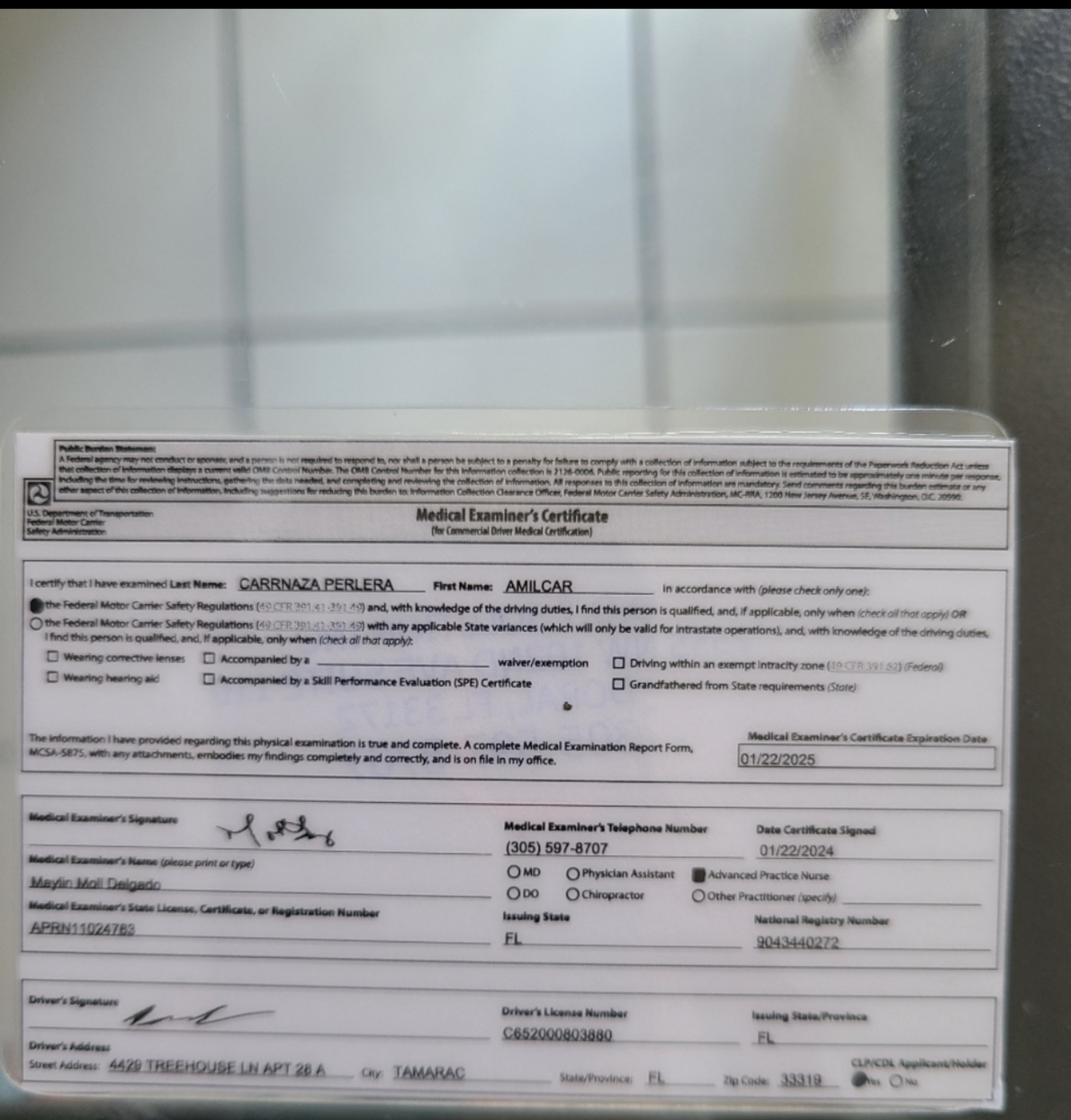

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** CARRNAZA PERLERA **First Name:** AMILCAR 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: 01/22/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (305) 597-8707

Date Certificate Signed: 01/22/2024

Medical Examiner's Name *(please print or type)*: Meylin Moll Delgado

( ) MD ( ) Physician Assistant (■) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: APRN11024783

Issuing State: FL

National Registry Number: 9043440272

Driver's Signature: [signature]

Driver's License Number: C652000803880

Issuing State/Province: FL

Driver's Address:
Street Address: 4429 TREEHOUSE LN APT 28 A City: TAMARAC State/Province: FL Zip Code: 33319

CLP/CDL Applicant/Holder: (●) Yes ( ) No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 9043440272

Business Name:

First Name:

Last Name:

Basic Search | Search

Previous Page | 1 of 1 | Next Page

Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)

Dot Solution Inc

2555 nw 102nd ave unit 110 doral, FL 33172

(305) 597-8707 *N/A* Directions

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Me

Mrs. Maylin Moll Delgado
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Dot Solution Inc

Address
2555 nw 102nd ave unit 110 doral, FL 33172

Hours of Operation
-

National Registry Number
9043440272

Certification Date
03/24/2023

Distance
N/A

Business Phone
(305) 597-8707

Business Fax Number
3055978710

Business Email
maylinmoll@gmail.com

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (7/15/2024 14:10:04)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: AMILCAR CARRANZA PERLERA
Date of Birth: 10/28/1980
CDL/CLP: US-FL-C652000803880

Consent Information

Requested: 7/15/2024 13:53:49
Recorded: 7/15/2024 14:10:04
Status: Provided

Query History

Created: 7/15/2024 13:53:49
Completed: 7/15/2024 14:10:04
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process