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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: Vidal Sarria First Name: Reinier 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 the 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 ☐ Qualified by operation of 49 CFR 391.64 (State)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date12-21-2024**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner Phone Number

813-443-4611

Date Certificate Signed

12-21-2022

Medical Examiner's Name

Jose De La Rocha☐ MD ☒ Physician Assistant ☐ Advanced Practical Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

FL

National Registry Number

1811082198**CMV DRIVER INFORMATION**

Driver's Signature

Driver's Lic. Number

V342-720-87-370-0

Issuing State/Province

FL

Driver's Address

Street 348 Greenvale Dr. City Tampa State FL

State

Zip Code

33615

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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