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CMV DRIVER CERTIFICATIONI certify that I have examined (last name) Jean Vilsin (first name) Alexis 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): _____
☐ Wearing hearing aid ☐ 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

8/4/2025**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

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

Issuing State

National Registry Number

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address:

City:

State/Province:

Zip Code:

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration

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 **Dr. Ashley Dixon (Doctor Of Chiropractic)**

 **Dixon Chiropractic**

2880 W Oakland Park Blvd. #114 Oakland

Park, FL 33311

 (954) 372-7795

 N/A [Directions](#)

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Dr. Ashley Dixon
(Doctor Of Chiropractic)

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

Dixon Chiropractic

Address

2880 W Oakland Park Blvd. #114 Oakland Park, FL 33311

Hours of Operation

m, w: 9-1; 3:30-6:30, th: 3:30-6:30, fri & sat 9-1

National Registry Number

8688239179

Certification Date

04/07/2016

Distance

N/A

Business Phone

(954) 372-7795

Business Fax Number

8663727734

Business Website

drashleydixon.com

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Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (7/30/2024 12:57:41)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: JEAN VILSIN ALEXIS

Date of Birth: 10/4/1984

CDL/CLP ⓘ: US-FL-A422420843641

Consent Information

Requested: 7/30/2024 12:56:26

Recorded: 7/30/2024 12:57:41

Status: Provided

Query History

Created: 7/30/2024 12:56:26

Completed: 7/30/2024 12:57:41

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations