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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230130772590

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name: VALLADARES SANCHEZ** First Name: **OSMANI** 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 | ☐ 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

1/30/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

NANCY BEDNAREK

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

277000935

Medical Examiner's Telephone Number

(708) 546-0551

Date Certificate Signed

1/30/2023

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

Issuing State

IL

National Registry Number

5396823207

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

V436-640-81-348-0

Issuing State/Province

FL

Driver's Address

Street Address: 954 W 31ST

City: HIALEAH

State/Province: FL

Zip Code: 33012

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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[Next Page](#)**+ Dr. Armando Perez (Medical Doctor)****ARMANDO PEREZ, M.D.**

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