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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: FRANCHI ALFARO First Name: YADIR 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)

Medical Examiner's Certificate Expiration Date

05/24/2026

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 Signature

Medical Examiner's Telephone Number

(305) 597-8707

Date Certificate Signed

05/24/2024

Medical Examiner's Name (please print or type)

Maylin Moli Delgado

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

Issuing State

FL

National Registry Number

9043440272

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

APRN11024783

Driver's Signature

Driver's License Number

E652960940940

Issuing State/Province

FL

Driver's Address

Street Address: 7930 SW 131 ST AVE


City: MIAMI

State/Province: FL

Zip Code: 33183

CLP/CDL Applicant/Holder

☒ Yes ☐ No



←

**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

