

I certify that I have examined **Last Name:** LAURENT

**First Name:** WALDERME

In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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 (32 CFR 321.62) (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

03/06/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(305) 834-7900

03/06/2024

Medical Examiner's Name (please print or type)

Jared Rose

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

CH10847

Issuing State

Florida

National Registry Number

4294143777

Driver's Signature

WALDERME LAURENT

Driver's License Number

071186307

Issuing State/Province

Georgia

Driver's Address

Street Address: 13890 NE 3RD CT

City: NORTH MIAMI

State/Province: FL

Zip Code: 33161

CLP/CDL Applicant/Holder

☒ Yes ☐ No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*



## Search Medical Examiners

Miles

National Registry Number

Business Name

4294143777

First Name

Last Name

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1 of 1

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 **Dr. Jared Rose (Doctor Of Chiropractic)**

 **Sobe Health Center**

16585 nw 2 ave Suite #300 miami, FL 33169

 (305) 834-7900

 N/A [Directions](#)



860

NW 183rd St

Miami Gardens Dr

860



**Dr. Jared Rose**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

Sobe Health Center

**Address**

16585 nw 2 ave Suite #300 miami, FL 33169

**Hours of Operation**

-

**National Registry Number**

4294143777

**Certification Date**

04/30/2014

**Distance**

N/A

**Business Phone**

(305) 834-7900

**Business Fax Number**

7865230599

**Business Email**

jeru333@yahoo.com

NW 183rd St

Miami Gardens Dr

860





# Query Detail

## Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (9/26/2024 10:49:23)

Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

### Driver Information

Name: WALDERME LAURENT  
Date of Birth: 1/6/1975  
CDL/CLP ⓘ: US-FL-L653880750060

### Consent Information

Requested: 9/26/2024 10:45:36  
Recorded: 9/26/2024 10:49:23  
Status: Provided

### Query History

Created: 9/26/2024 10:45:36  
Completed: 9/26/2024 10:49:23  
Query Result: Driver Not Prohibited

## LEARN MORE

■ The Return-to-Duty Process

## Open Violations

No Open Violations