

Public Burden Statement

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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:** Roviroso **First Name:** Ricardo 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)

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

06/05/2026

Medical Examiner's Signature**Medical Examiner's Name** (please print or type)

Julio Cevares Alcantara

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

APRN9377003

Medical Examiner's Telephone Number

(786) 472-0230

Date Certificate Signed

06/05/2025

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

Issuing State

Florida

National Registry Number

9264895827

Driver's Signature**Driver's License Number**

R162720730070

Issuing State/Province

Florida

Driver's Address

Street Address: 5810 SW 149TH AVE City: Miami State/Province: FL Zip Code: 33193

CLP/CDL Applicant/Holder

☒ Yes ☐ No

