NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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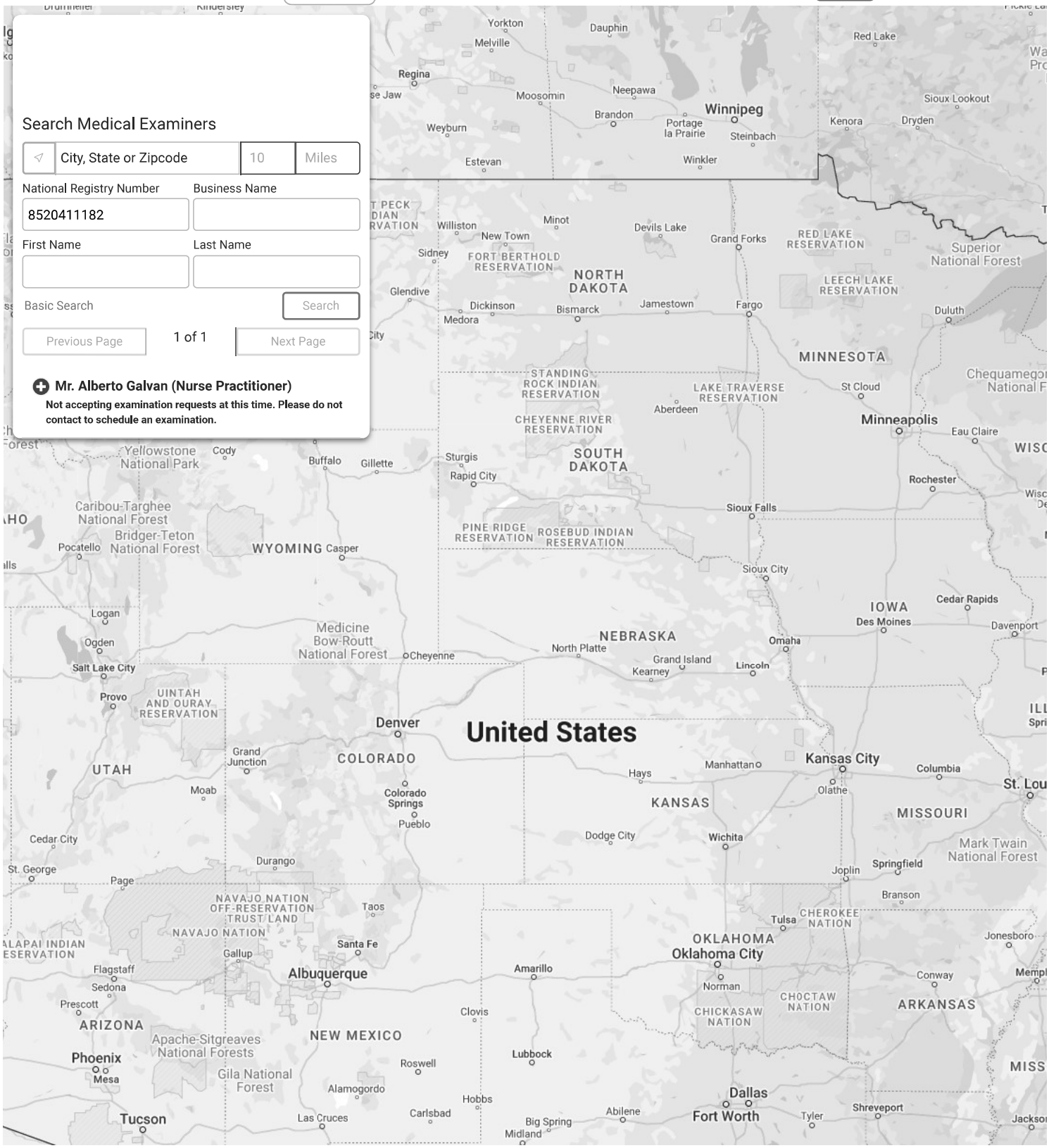
Mr. Alberto Galvan (Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

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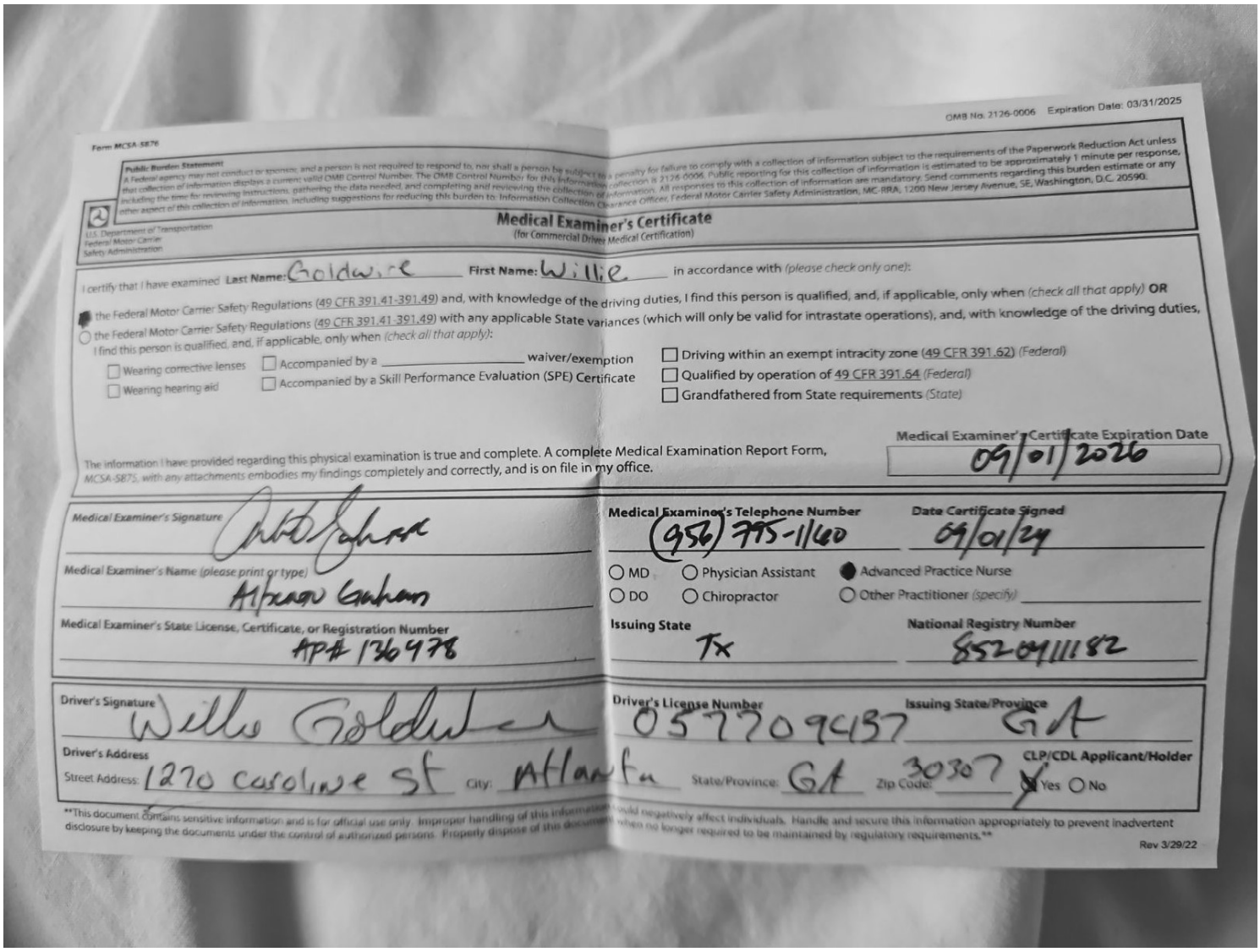

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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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:** Goldwire **First Name:** Willie 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ 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: 09/01/2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (956) 795-1160

Date Certificate Signed: 09/01/24

Medical Examiner's Name *(please print or type)*: Alfredo Graham

○ MD ○ DO ○ Physician Assistant ○ Chiropractor ● Advanced Practice Nurse ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: AP# 136478

Issuing State: Tx

National Registry Number: 8520111182

Driver's Signature: Willie Goldwire

Driver's License Number: 057709487

Issuing State/Province: GA

Driver's Address
Street Address: 1270 caroline st City: Atlanta State/Province: GA Zip Code: 30307

CLP/CDL Applicant/Holder ○ Yes ● No

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Rev 3/29/22