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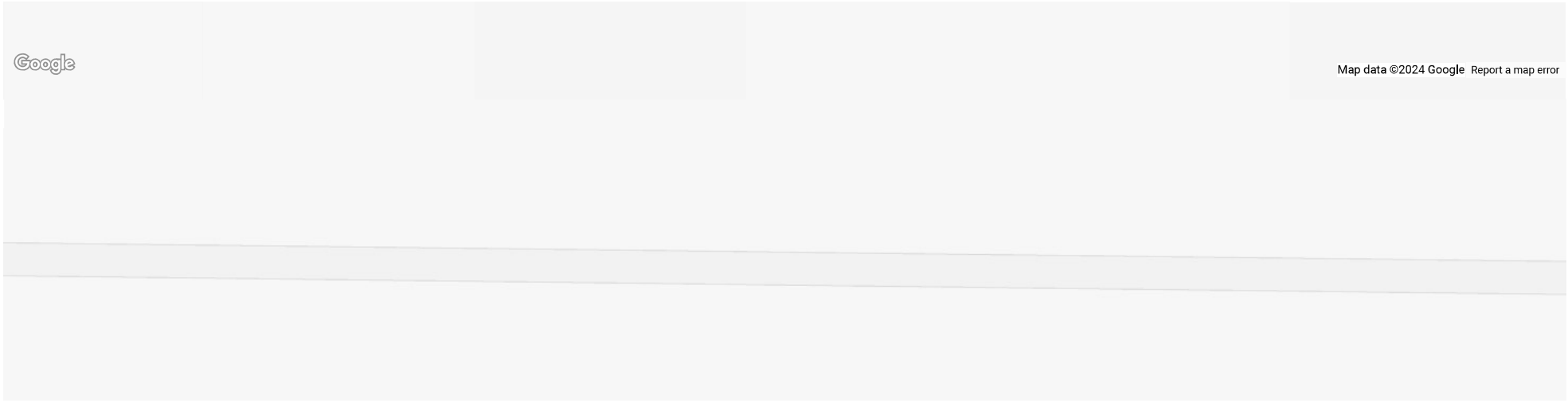
Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)

Dot Solution Inc

2555 nw 102nd ave unit 110 doral, FL 33172

(305) 597-8707 *N/A* Directions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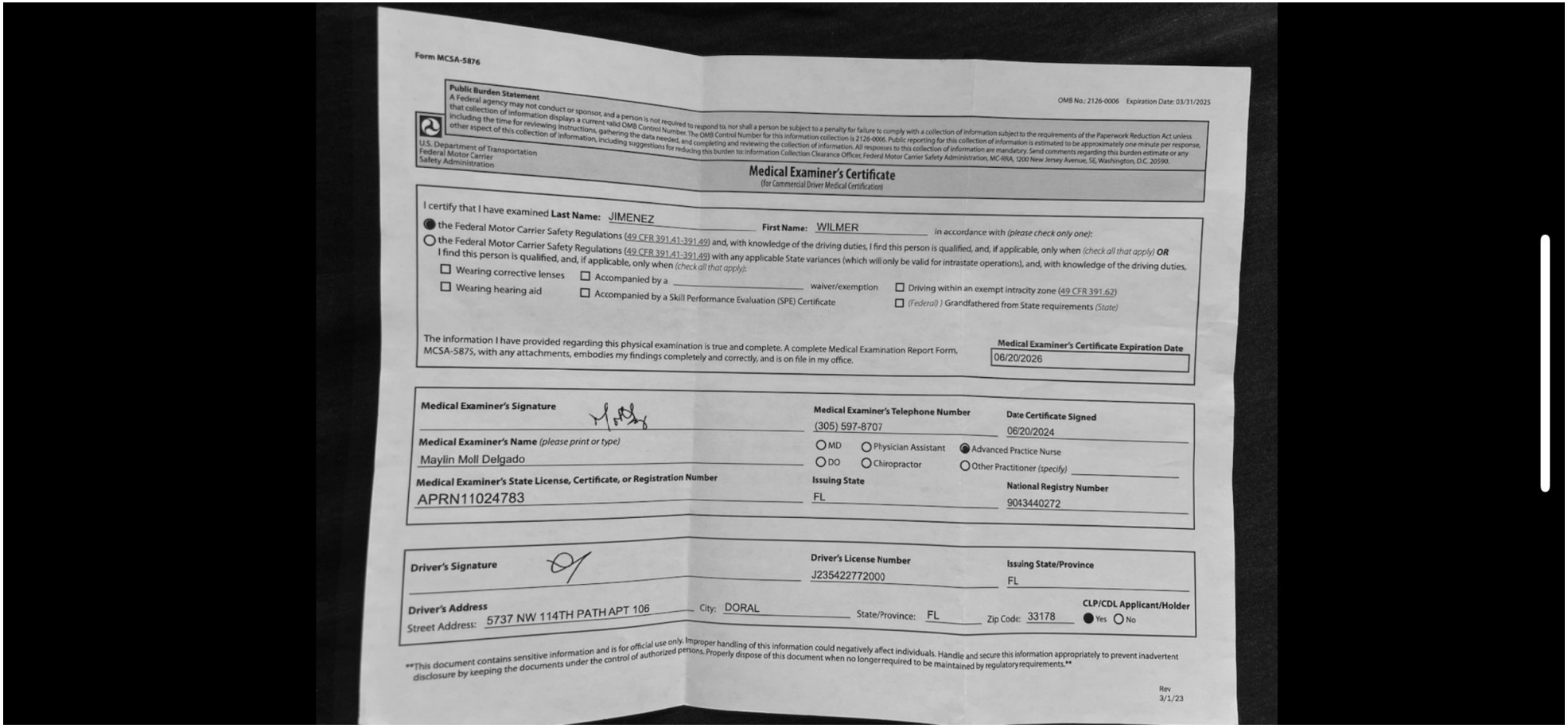

Form MCSA-5876

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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:** JIMENEZ **First Name:** WILMER 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)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ *(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: 06/20/2026

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number:** (305) 597-8707 **Date Certificate Signed:** 06/20/2024

Medical Examiner's Name *(please print or type)*: Maylin Moll Delgado

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

Medical Examiner's State License, Certificate, or Registration Number: APRN11024783 **Issuing State:** FL **National Registry Number:** 9043440272

Driver's Signature _____ **Driver's License Number:** J235422772000 **Issuing State/Province:** FL

Driver's Address
Street Address: 5737 NW 114TH PATH APT 106 City: DORAL State/Province: FL Zip Code: 33178

CLP/CDL Applicant/Holder (●) Yes ( ) No

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Rev 3/1/23