

Identify your name (last, first, middle initial) as it appears on your driver's license: DAVID L. KRAVITZ First Name: DAVID In accordance with Illinois state law, you must

- ☒ My Federal Motor Carrier Safety Regulations (FMCSRs) 39.201, 39.203, 39.205, and 39.209, and knowledge of the driving duties, I have the person is qualified and, if applicable, only when written on the application.
☐ My Federal Motor Carrier Safety Regulations (FMCSRs) 39.201, 39.203, 39.205, and 39.209 with any applicable State commercial license will only be used for non-commercial operations, and, with knowledge of the driving duties, I find the person is qualified and, if applicable, only when written on the application.

- ☐ Working commercial license ☐ Accompanied by a commercial ☐ Driving within an exempt territory (see 39.201, 39.203, 39.205, 39.209)
☐ Working for hire ☐ Accompanied by a DOT Performance Evaluation (DPE) certificate ☐ Identified from State requirements (see 39.201, 39.203, 39.205, 39.209)

The information I have provided regarding this individual is true and complete. I complete Medical Examiner Report Form MC750-0075 with my attachments, including my final report, signature, and contacts, and I am the in my office.

Medical Examiner's Signature (print or type)
10/20/2019

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(708) 454-7100

10/20/2019

Medical Examiner's Name (please print or type)

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Diagnostician ☐ Other (specify license number)

David Krautz

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

Issuing State

National Registry Number

014100401

Illinois

4764-00177

Driver's Signature

Driver's License Number

Issuing State/Province

087414542440

Illinois

Driver's Address

EXPIRE date (month/year)

Street Address: 1101 LAKE CENEVA DR

City:

LAKE WORTH

State/Province:

IL

Zip Code:

60461

☒ Yes ☐ No

"This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals, groups and cause the collection and retention of personal information to be used by the Department of Transportation under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."



FMCSA

Federal Motor Carrier Safety Administration

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1 of 1

[Next Page](#)**+ 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



FMCSA

Federal Motor Carrier Safety Administration

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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

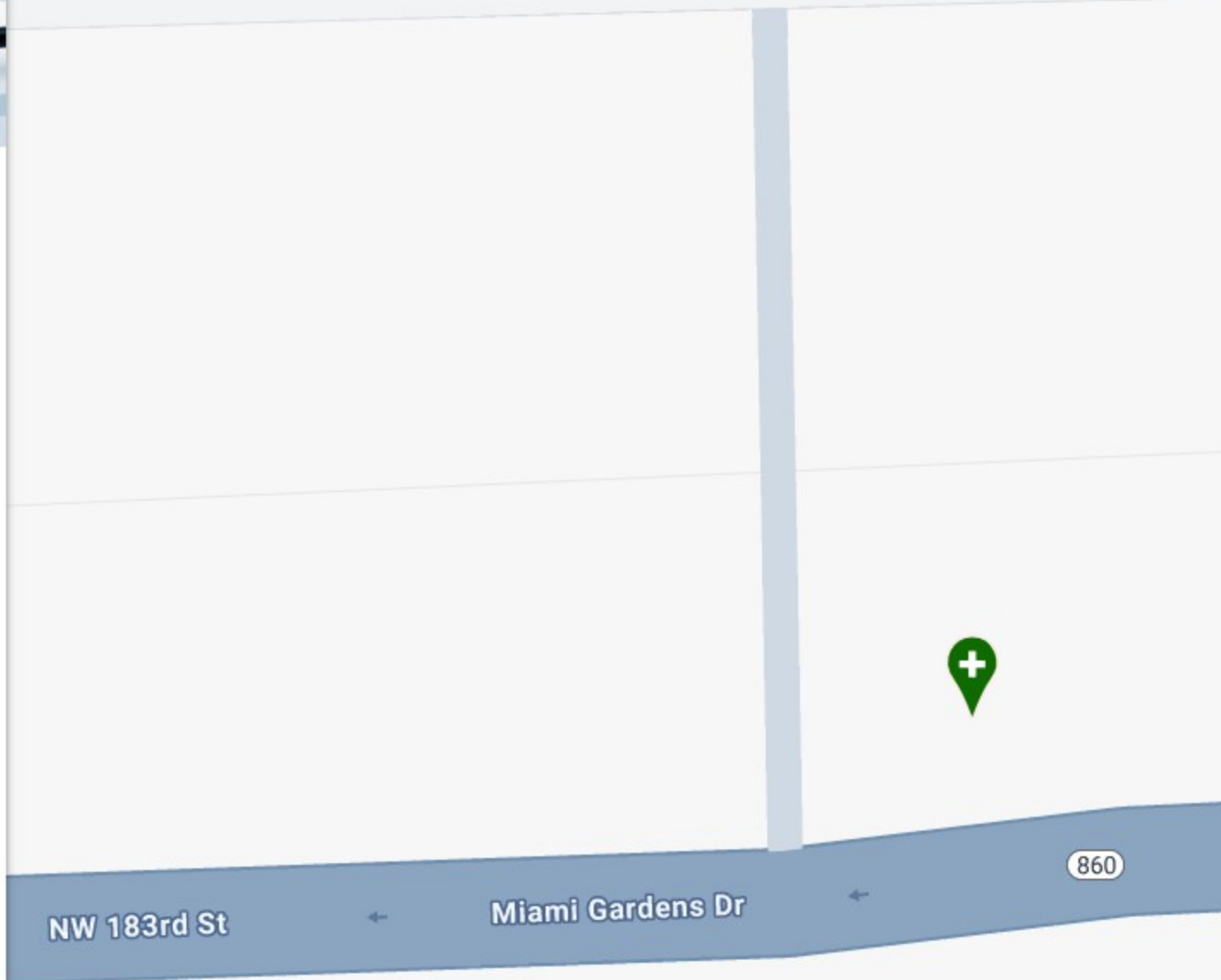
(305) 834-7900

Business Fax Number

7865230599

Business Email

jeru333@yahoo.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/30/2024 10:28:16)

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

Driver Information

Name: MIGUEL GARCIA LLANA
Date of Birth: 7/1/1984
CDL/CLP ⓘ: US-FL-G624541842410

Consent Information

Requested: 12/30/2024 9:58:04
Recorded: 12/30/2024 10:28:16
Status: Provided

Query History

Created: 12/30/2024 9:58:04
Completed: 12/30/2024 10:28:16
Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations