

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-BFA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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: Herrera Arantes First Name: Anaury 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 ☐ 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

7/9/26

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

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

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address:

12104 Camp Creek Ln City: Hudson

State/Province:

Zip Code:

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.

Rev 3/29/22



Search Medical Examiners

 City, State or Zipcode

10

Miles

National Registry Number

Business Name

6785538995

First Name

Last Name

[Basic Search](#)

[Search](#)

[Previous Page](#)

1 of 1

[Next Page](#)

 **Dr. Brian Caez (Doctor Of Chiropractic)**

 **Caez Chiropractic**

1001 N MacDill Ave Tampa, FL 33607

 (813) 872-4455

 N/A [Directions](#)

W Cypress St



Dr. Brian Caez
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Caez Chiropractic

Address

1001 N MacDill Ave Tampa, FL 33607

Hours of Operation

9-1

National Registry Number

6785538995

Certification Date

04/12/2014

Distance

N/A

Business Phone

(813) 872-4455

Business Fax Number

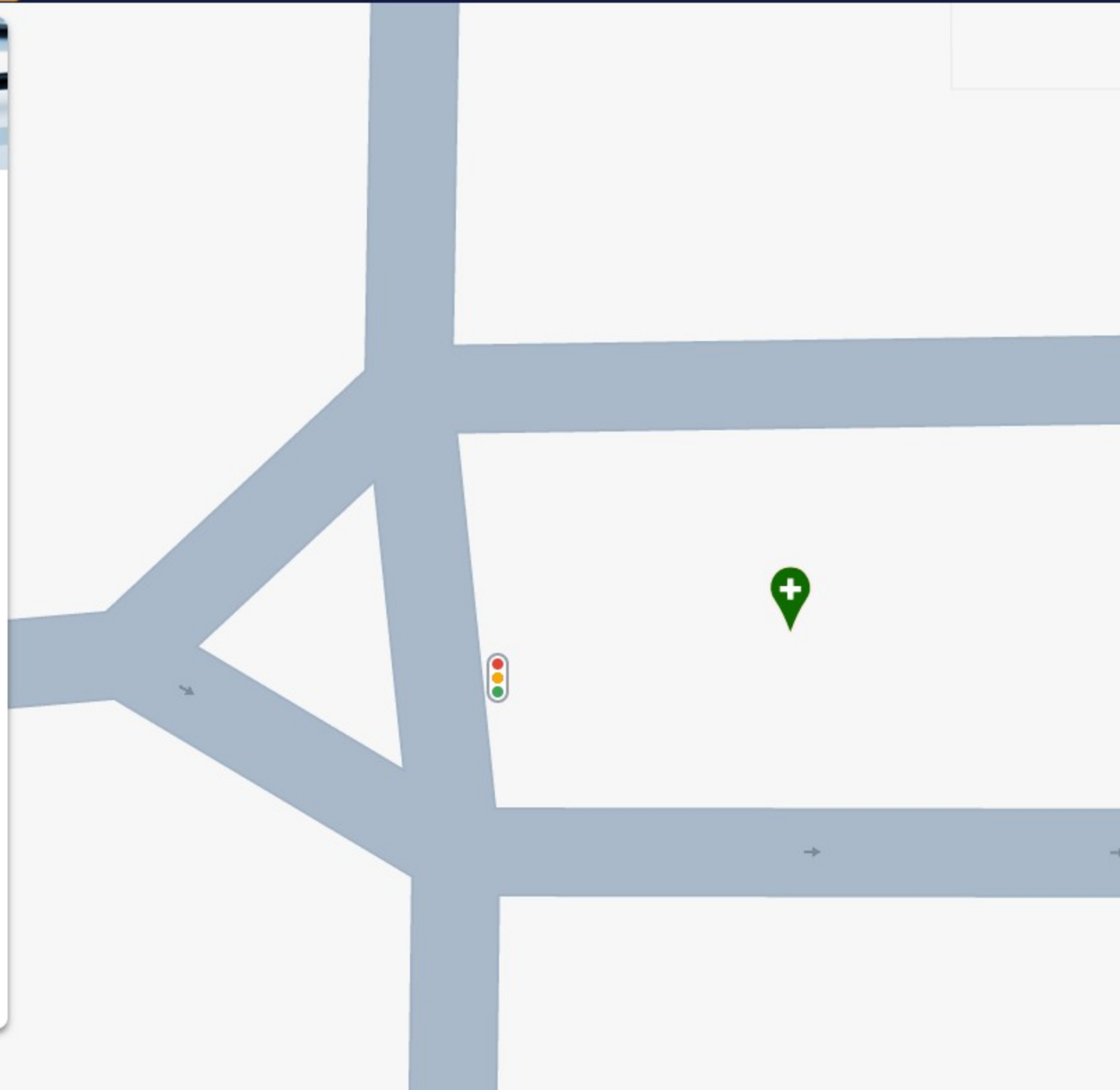
8134647756

Business Email

drcaez@drcaez.com

Business Website

www.drcaez.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/19/2024 13:14:28)

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

Driver Information

Name: AMAURY HERRERA
ARMENTEROS

Date of Birth: 12/12/1976

CDL/CLP ⓘ: US-FL-H666000764520

Consent Information

Requested: 12/19/2024 12:50:38

Recorded: 12/19/2024 13:14:28

Status: Provided

Query History

Created: 12/19/2024 12:50:38

Completed: 12/19/2024 13:14:28

Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations