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Miles

National Registry Number

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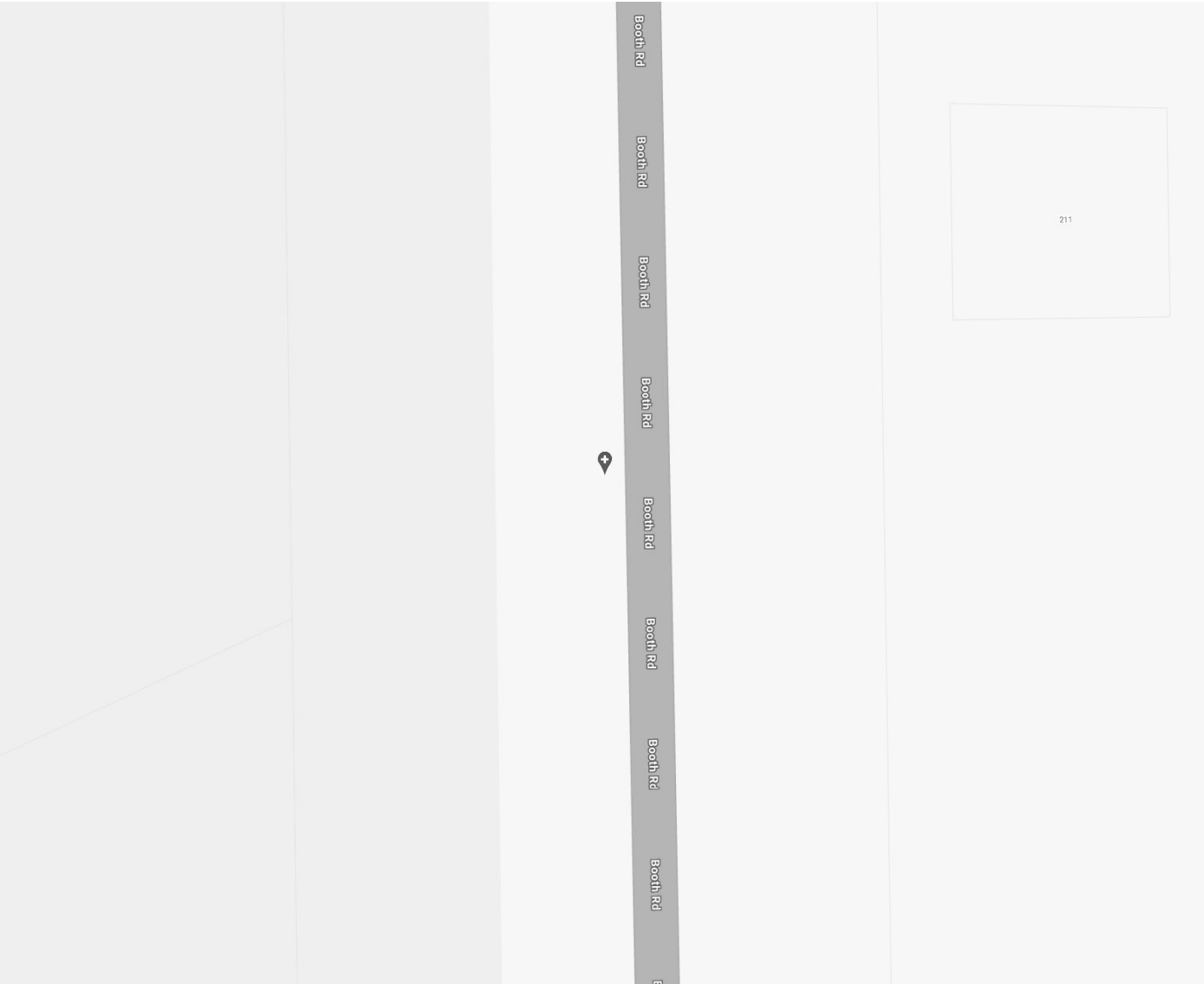
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 **Dr. Jayne Kwiatkowski (Doctor Of Chiropractic)**
 **Tomoka Spine And Posture**
595 West Granada Blvd Building G Ormond
Beach, FL 32174
 (386) 872-5323  [N/A](#) [Directions](#) 





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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

(See Common Sense Medical Certificate)

I certify that I have examined Last Name: Velazquez First Name: Luis in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ 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: 06/11/2026

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: (386) 256-0916 Date Certificate Signed: 06/11/2024

Medical Examiner's Name (please print or type): Jayne Kwiatkowski

Medical Examiner's State License, Certificate, or Registration Number: CH9417

Issuing State: FL National Registry Number: 6576141269

Driver's Signature: [Signature] Driver's License Number: V422533882180 Issuing State/Province: FL

Driver's Address: 1759 N. Merrick Dr. City: Deltona State/Province: FL Zip Code: 32738 CLP/KDL Applicant/Holder: ☒ Yes ☐ No

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Rev. 4/1/23