Form MCSA-5876

OMB No.: 2126-0006 Expiration D

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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:** MOORE **First Name:** MARK 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: 05/04/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 714-598-5001

Date Certificate Signed: 05/04/2023

Medical Examiner's Name *(please print or type)*: HIEN VAN PHAM

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

Medical Examiner's State License, Certificate, or Registration Number: DC 30504

Issuing State: California

National Registry Number: 9444952859

Driver's Signature: [signature]

Driver's License Number: M600-541-88-287-0

Issuing State/Province: Florida

Driver's Address
Street Address: 13051 GILBERT ST APT C7 City: GARDEN GROVE State/Province: CA Zip Code: 92844

CLP/CDL Applicant/Ho (●) Yes ( ) No

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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City, State or Zipcode | 10 | Miles

National Registry Number

9444952859

Business Name

First Name

Last Name

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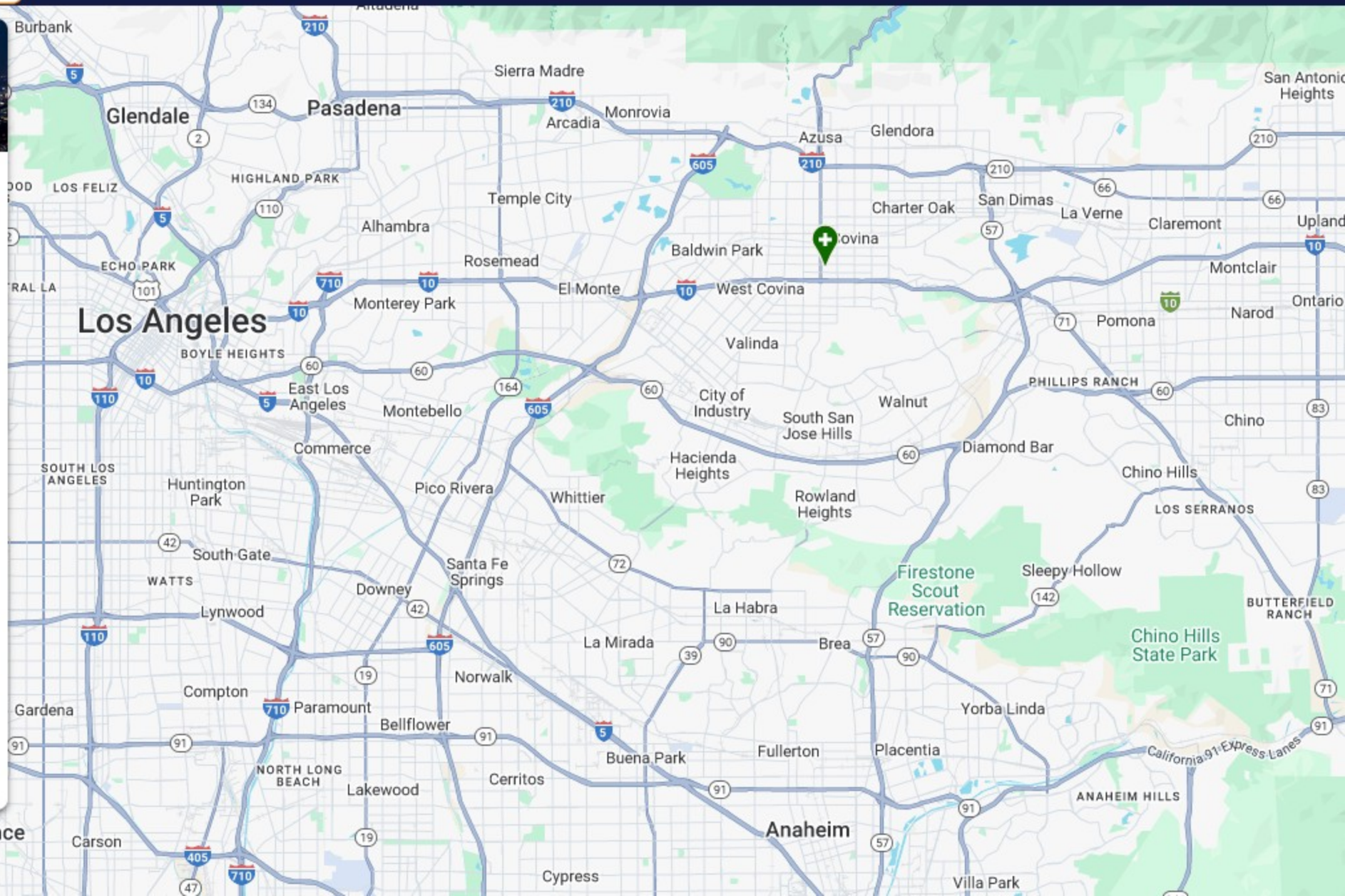
Dr. HIEN PHAM (Doctor Of Chiropractic)
SW HEALTH CARE CLINIC
426 N. AZUSA AVE WEST COVINA, CA 91791
(626) 672-0456 *N/A* Directions

Dr. HIEN PHAM (Doctor Of Chiropractic)
Southern California Dot Physical Examination
12441 MAGNOLIA ST SUITE: D GARDEN GROVE, CA 92841
(714) 598-5001 *N/A* Directions



FMCSA
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NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A M

Dr. HIEN PHAM
(Doctor Of Chiropractic)

Email Website

Practice Business Name
southern california dot physical examination

Address
12441 MAGNOLIA ST SUITE: D GARDEN GROVE, CA 92841

Hours of Operation
8-8

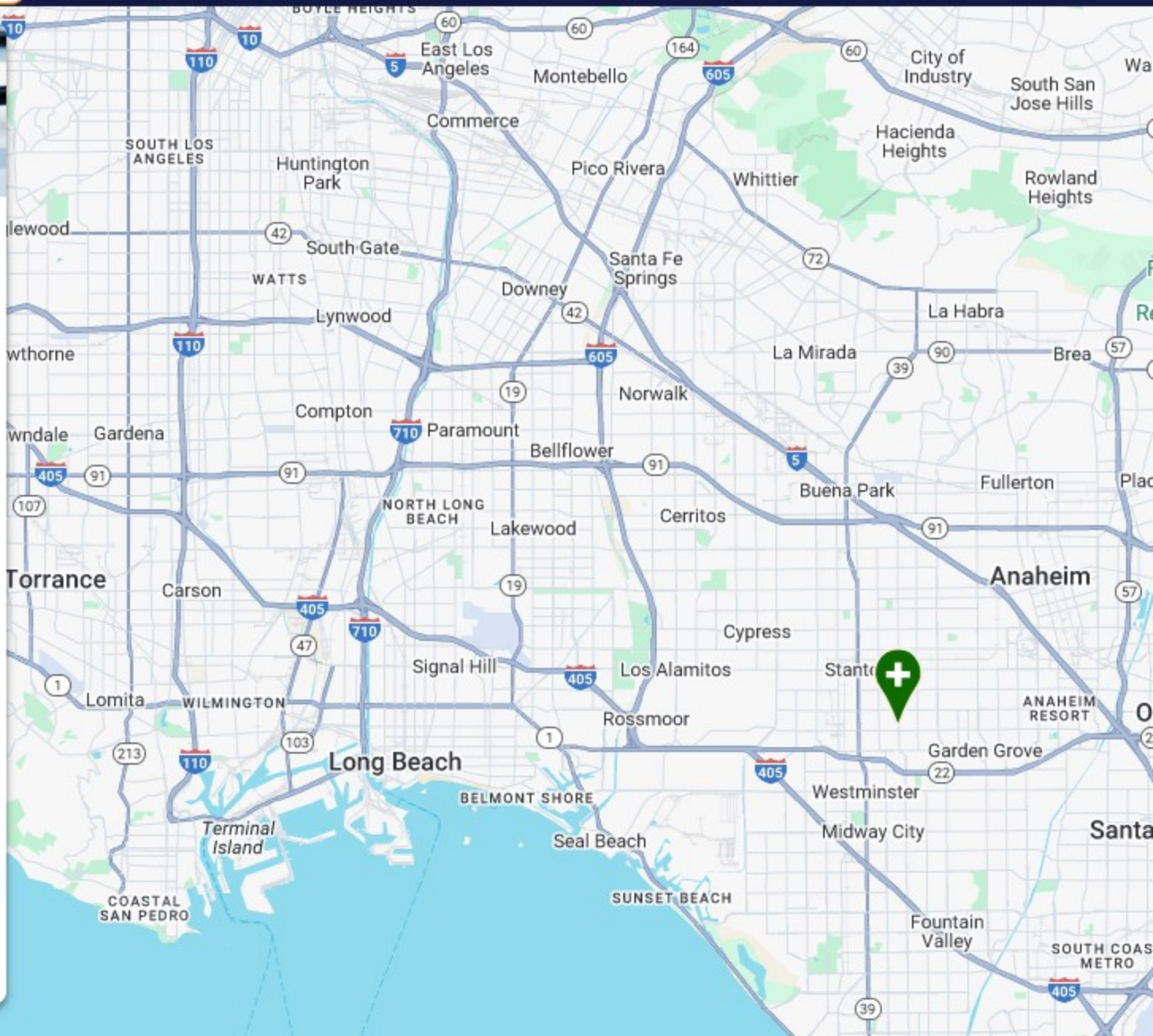
National Registry Number
9444952859

Certification Date
10/30/2015

Distance
N/A

Business Phone
(714) 598-5001

Business Fax Number
-



Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (1/9/2025 10:55:43)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: MARK MOORE
Date of Birth: 8/7/1988
CDL/CLP: US-FL-M600541882870

Consent Information

Requested: 1/9/2025 10:52:17
Recorded: 1/9/2025 10:55:43
Status: Provided

Query History

Created: 1/9/2025 10:52:17
Completed: 1/9/2025 10:55:43
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process