

Public Service Statement



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

MEDICAL ETHICS CERTIFICATE

CMV DRIVER CERTIFICATION

I certify that I have examined _____ (first name) _____

IN ACCORDANCE WITH SPANISH OFFICIAL STATE LAW

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- ☐ The Federal Motor Carrier Safety Regulations (49 CFR 393.41, 393.49) and, with knowledge of the safety duties, I find this person qualified, and, if applicable, only when I have it off duty apply to the driving duties. I find this person is qualified, and, if applicable, only when a fact of that state.

- ☐ Wearing corrective lenses ☐ Accompanied by a student/instructor (per *dy* type) _____ ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate _____ ☐ Qualified by completion of 40 CFR 391.64 (Federal)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, exhibits, or findings completely and correctly, and it is on file in my office.

Medical Education Certificate Program in Life

113179

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MEDICAL EXAMINER REGISTRATION

Medical Examiner's Signature _____

Medical Examiner's Telephone Number
305-882-1100

Medical Examiner's Name: _____

Armando Perez, MD

Medical Examiner's State License, Certificate, or Registration Number
ME-91655

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

leaving State
FL

National Registry Number
4272389252

CMV DRIVER INFORMATION

Driver's Signature _____

Driver's License Number

including *Statistical Procedures*

Driver's Address _____
Street Address _____

904 Sore Ave N Lakeland FL 33821

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Search Medical Examiners

National Registry Number

Business Name

4272389252

First Name

Last Name

Basic Search

Search

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Next Page

 **Dr. Armando Perez (Medical Doctor)**

 **ARMANDO PEREZ, M.D.**

2412 NW 87 PL DORAL, FL 33176

 (786) 232-5294

 N/A [Directions](#)

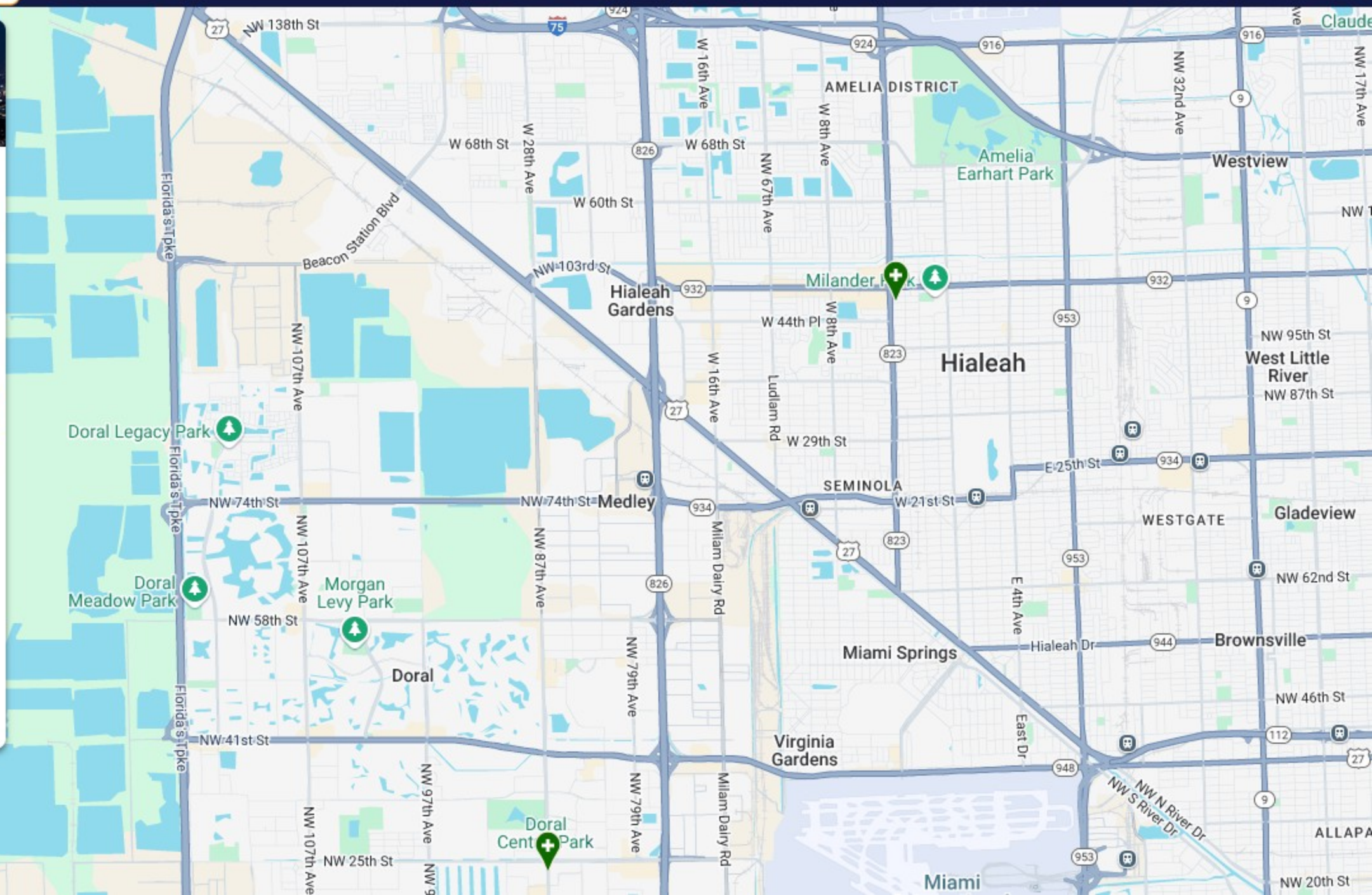
 **Dr. Armando Perez (Medical Doctor)**

 **Armando Perez, MD PA**

4701 W 4 Ave HIALEAH, FL 33012

 (786) 232-5294

 N/A [Directions](#)





FMCSA

Federal Motor Carrier Safety Administration

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Dr. Armando Perez
(Medical Doctor)



Email



Website

Practice Business Name

ARMANDO PEREZ, M.D.

Address

2412 NW 87 PL DORAL, FL 33176

Hours of Operation

monday-saturday 9am-5pm

National Registry Number

4272389252

Certification Date

05/15/2014

Distance

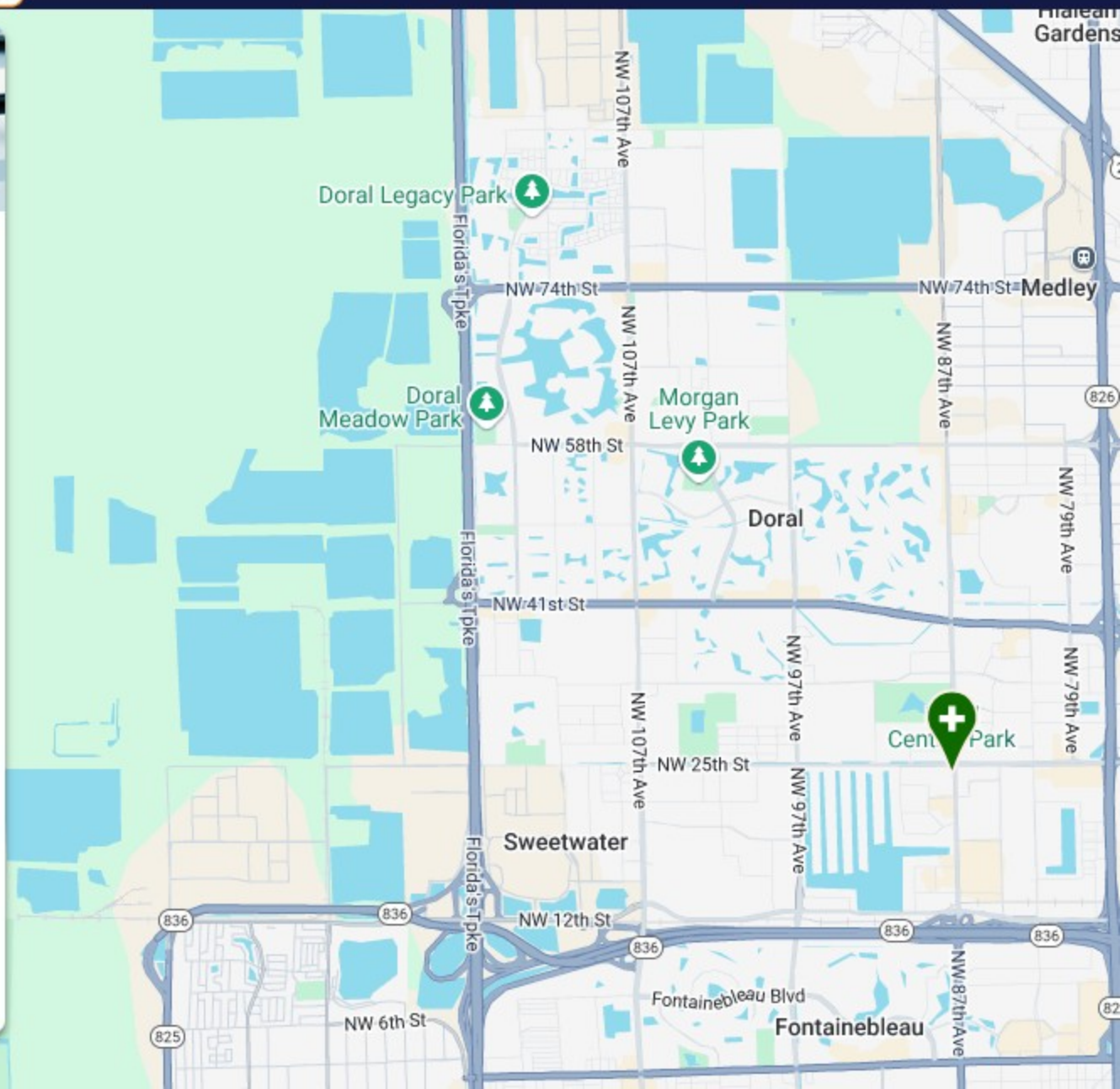
N/A

Business Phone

(786) 232-5294

Business Fax Number

7868145703



**FMCSA**

Federal Motor Carrier Safety Administration

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Dr. Armando Perez
(Medical Doctor)

[Email](#)[Website](#)**Practice Business Name**

Armando Perez, MD PA

Address

4701 w 4 ave HIALEAH, FL 33012

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monday to saturday 9:00am to 5:00pm

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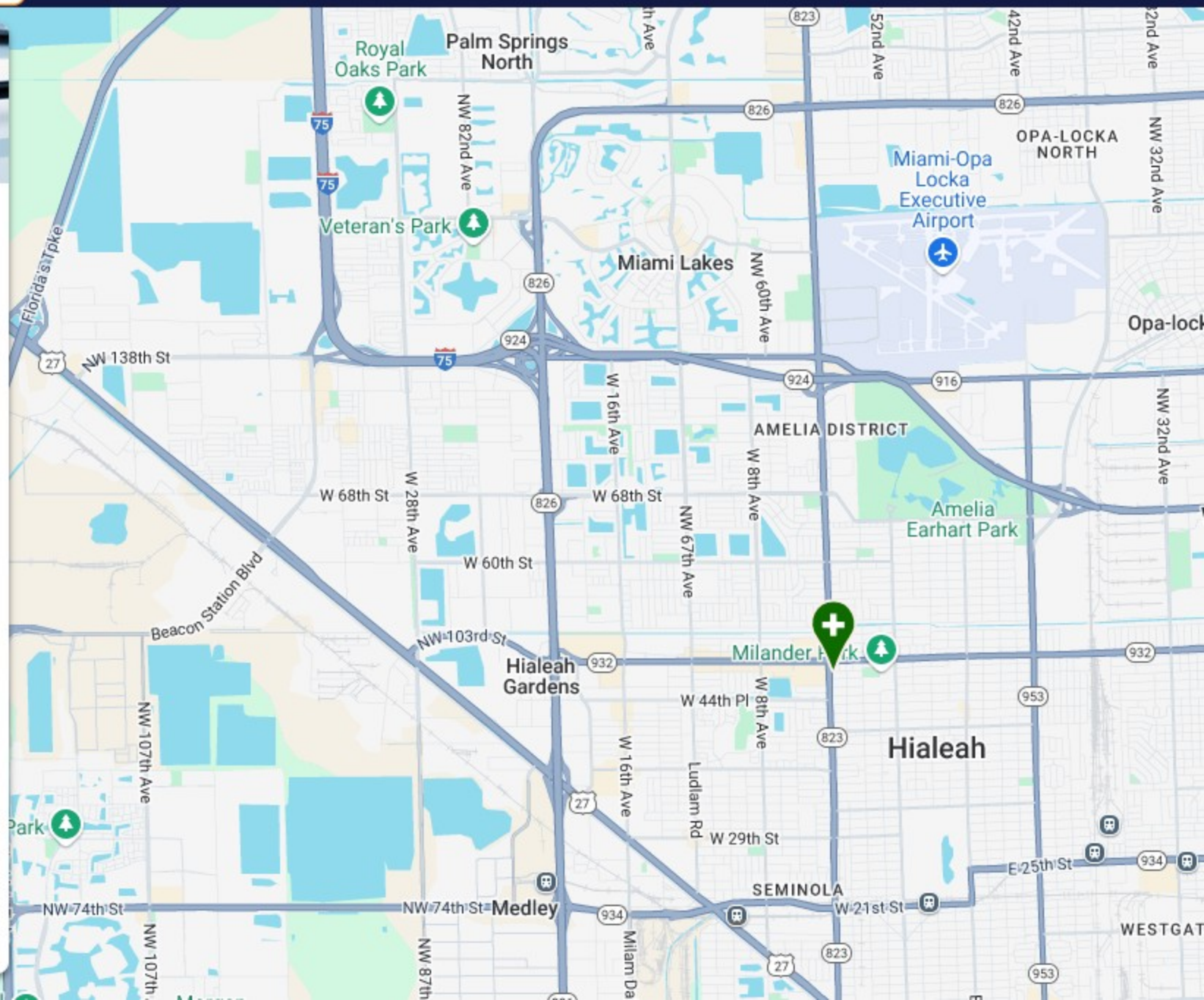
(786) 232-5294

Business Fax Number

-

Business Email

parmando1953@yahoo.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (1/30/2025 15:34:30)

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

Driver Information

Name: EDDYCHEL RODRIGUEZ

Date of Birth: 10/16/1984

CDL/CLP ⓘ: US-FL-R362200843760

Consent Information

Requested: 1/30/2025 15:18:50

Recorded: 1/30/2025 15:34:30

Status: Provided

Query History

Created: 1/30/2025 15:18:50

Completed: 1/30/2025 15:34:30

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations