

I certify that I have examined Last Name: URAGA MARQUEZ First Name: MARCOS in accordance with (please check only one):  
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.459) 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 391.41-391.459) 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 391.52) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

01/17/2027

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 Signature

Medical Examiner's Name (please print or type)

Jared Rose

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

CH10847

Medical Examiner's Telephone Number

(305) 834-7900

Date Certificate Signed

01/23/2025

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

Issuing State

Florida

National Registry Number

4294143777

Driver's Signature

Marcos A Uruga

Driver's License Number

U234782520000

Issuing State/Province

Florida

Driver's Address

Street Address: 6820 NW 14TH CT

City: MARGATE

State/Province: FL

Zip Code: 33063

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 3/1/25



## Search Medical Examiners

National Registry Number

Business Name

4294143777

First Name

Last Name

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1 of 1

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 **Dr. Jared Rose (Doctor Of Chiropractic)**

 **Sobe Health Center**

16585 nw 2 ave Suite #300 miami, FL 33169

 (305) 834-7900

 N/A [Directions](#)



**FMCSA**

Federal Motor Carrier Safety Administration

[Home](#)[Register](#)[Find A Medical Examiner](#)**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**

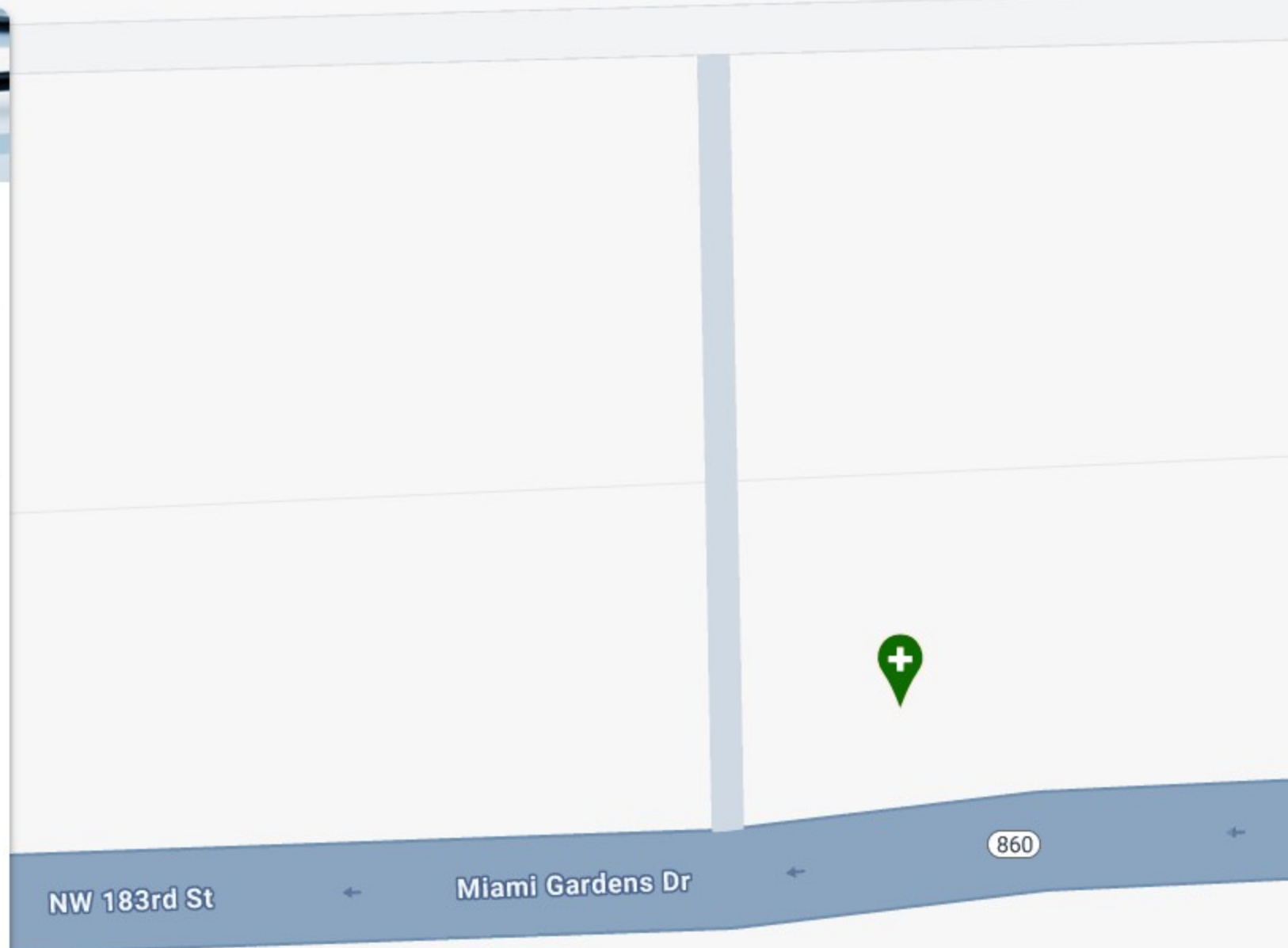
(305) 834-7900

**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 (2/6/2025 11:02:38)

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

#### Driver Information

**Name:** MARCOS URAGA MARQUEZ

**Date of Birth:** 6/17/1979

**CDL/CLP ⓘ:** US-FL-U234782520000

#### Consent Information

**Requested:** 2/6/2025 10:41:37

**Recorded:** 2/6/2025 11:02:38

**Status:** Provided

#### Query History

**Created:** 2/6/2025 10:41:37

**Completed:** 2/6/2025 11:02:38

**Query Result:** Driver Not Prohibited

### LEARN MORE

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

### Open Violations

No Open Violations