Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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:** ARIZA TORRES **First Name:** LISANDRO 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ 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: July 14, 2025

Medical Examiner's Signature [signature], DC

Medical Examiner's Telephone Number: 551-253-7438

Date Certificate Signed: July 14, 2023

Medical Examiner's Name *(please print or type)*: Mark D. Nierenberg, DC, CME

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

Medical Examiner's State License, Certificate, or Registration Number: 38MC00470600

Issuing State: NJ

National Registry Number: 9804851290

Driver's Signature [signature]

Driver's License Number: A623530852300

Issuing State/Province: FL

Driver's Address
Street Address: 2178 Kudza RD City: west palm beach State/Province: FL Zip Code: 33415

CLP/CDL Applicant/Holder ✓ Yes ○ No

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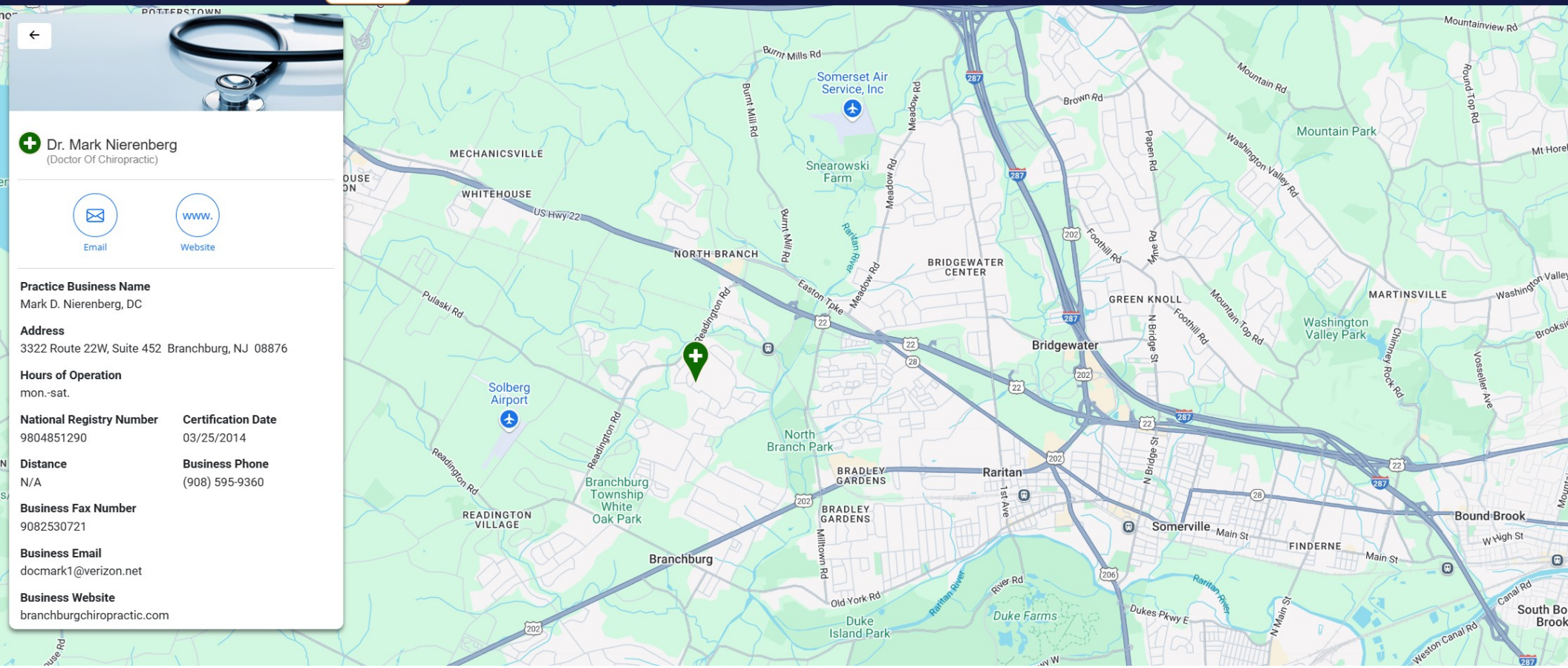
Rev 3/29/22



Dr. Mark Nierenberg
(Doctor Of Chiropractic)

Email Website

Practice Business Name
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Address
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Hours of Operation
mon.-sat.

National Registry Number
9804851290

Certification Date
03/25/2014

Distance
N/A

Business Phone
(908) 595-9360

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