

I certify that I have examined Last Name: PEREZ First Name: ALEXIS 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):

☐ 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

01/05/2024

Medical Examiner's Signature



Medical Examiner's Telephone Number

(305) 597-8707

Date Certificate Signed

01/05/2023

Medical Examiner's Name (please print or type)

Rosa Garcia Amaya

☐ MD

☐ Physician Assistant

☒ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

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

APRN11004448

Issuing State

FL

National Registry Number

7656543813

Driver's Signature



Driver's License Number

P620001640290

Issuing State/Province

FL

Driver's Address

Street Address: 5350 W 22ND LN APT3

City: HIALEAH

State/Province: FL

Zip Code: 33016

CLP/CDL Applicant

☒ Yes ☐ No

United States Department of Transportation

FMCSA

NATIONAL
REGISTRY
OF CERTIFIED
MEDICAL EXAMINERS

Login

Home

Register

Find A Medical Examiner

Resource Center

Contact Us

←

+

Mr. ROSA GARCIA AMAYA

(Advanced Practice Registered Nurse)

Email

Website

Practice Business Name

D.O.T. Solution Inc.

Address

2555 NW 102nd Ave Suite # 110 Doral, FL 33172

Hours of Operation

7:30 am-5:00 pm

National Registry Number

Certification Date

7656543813

06/24/2020

Distance

Business Phone

N/A

(305) 597-8707

Business Fax Number

-

Business Email

teresa.dotsolutioninc@gmail.com

Business Website

www.dotsolutioninc.com

+

Google

Map data ©2023 Google Report a map error