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Miles

National Registry Number

4356093074

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 **Mrs. Rosa Alarcon (Nurse Practitioner)**

 **Miami DOT Exams Corp**

7801 Coral Way Suite #114 Miami, FL 33155

 (786) 558-8073  *N/A* [Directions?](#)

 Miami DOT Exams



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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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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:** Fernandez Mongioli **First Name:** Rene 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)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ (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
12/30/2026

Medical Examiner's Signature 	Medical Examiner's Telephone Number <u>(786) 558-8073</u>	Date Certificate Signed <u>12/30/2024</u>
Medical Examiner's Name (please print or type) <u>ROSA ALARCON</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>APRN9419445</u>	Issuing State <u>FL</u>	National Registry Number <u>4356093074</u>

Driver's Signature 	Driver's License Number <u>F655-720-78-469-0</u>	Issuing State/Province <u>FL</u>
Driver's Address Street Address: <u>19286 SW 123Rd Ave</u> City: <u>Miami</u> State/Province: <u>FL</u> Zip Code: <u>33177</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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