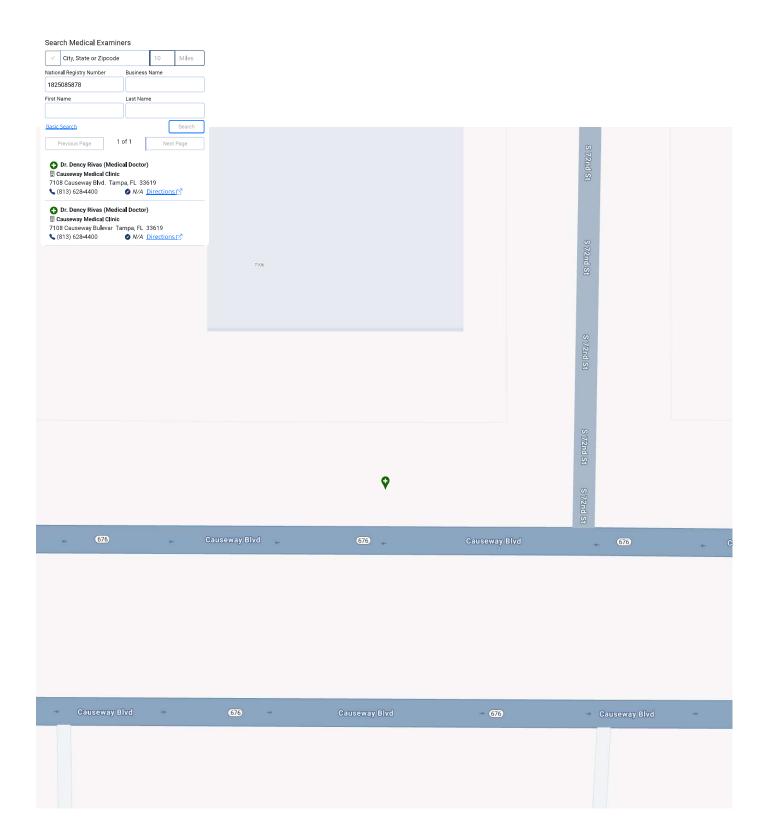
3/3/25, 1:28 PM FMCSA National Registry

■ An official website of the United States government Here's how you know ∨
United States Department of Transportation

FIVICS A
Facterial Motor Corner Solarly Administration







Map data ©2025 Report a map error

U.S. DEPARTMENT OF TRANSPORTATION

## Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

Subscribe To Email Updates







About

About FMCSA

Regulations

Safety

Analysis

FMCSA Portal

## News and Events

FMCSA Newsroom

Press Releases

Emergency Declarations

## Resources

Career Center

Resources for Carriers

Resources for Consumers

Resources for Drivers

Contact Us

Trending Topics

## Policies, Rights, Legal

About DOT

Budget and Performance Civil Rights

FOIA

Information Quality

No FEAR Act

Office of Inspector General

Privacy Policy

Vulnerability Disclosure Policy

USA.gov

Web Policies and Notices

Web Standards

Federal Moth Cortex Safety 6d Introduction		fical Examiner's Certificate of the seedal force Medical Contraction (	
Identify that I have examined Last	Name: SELLERA F	first Name: LUIS in accountance w	ith (please dieck only ane):
O me census mono Camo 29166	Regulations (20 CIR No. 3) Stand with know	wledge of the driving duties, I find this person is qualified, and in the State variances (which will only be valid for intrastate ope	if anolicable, only when inhos of that conf. OR
	Accompanied by a SSR Performance Evaluation		npt intracity zone (49,593,593,629 (Fishers) rate requirements (Sport)
The information I have provided in MCSA-5875, with one extent ments	regarding this physical examination is true and comp emborins true findings considered and cornectly, a	plete, A complete Medical Examination Report Form, and is on Blo in my office.	Medical Examiner's Certificate Expiration Date 01/23/2026
Medical Examiner's Signature	Airon M. D.	Medical Examiner's Telephone Number (813) 628-4400	Date Certificate Signed 01/23/2024
Medical Examiner's Name (please point or type: Dency Rivas		MD Ophysician Assistant Ondivariced Practice Nurse ODO Ochiopractor Other Practitioner (specify)	
Medical Examiner's State License MEGO42771	e, Certificate, or Registration Number	Issuing State FL	National Registry Number 1825085878
Driver's Signature	3-8-P	Driver's Liconso Number S460-525-72-449-0	Issuing State/Province
Driver's Address	OCK AVE CA SPRIE		CLP/CUL Applicant Voide