

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) _____

Echevarria-Trujillo

(first name) _____

Jose

in accordance with (please check only)

- ☒ 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 (specify type): _____

☐ 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

09/07/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

Bernhard Aubrey

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

pa9114273

Medical Examiner's Telephone Number

(813)242-5641

Date Certificate Signed

09/07/2023

☐ MD

☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

FL

National Registry Number

7856709261

CMV DRIVER INFORMATION

Driver's Signature

[Signature]

Driver's Address

Street Address: 1149 Seminole Sky Dr

City: Ruskin

State/Province: FL

Zip Code: 33570

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Practice Business Name

Concentra St. Petersburg- 33rd St

Address

3745 33rd St. North St. Petersburg, FL 33713

Hours of Operation

National Registry Number

7856709261

Certification Date

09/20/2014

Distance

N/A

Business Phone

(727) 231-0154

Business Fax Number

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