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1. Department of Transportation
deral Motor Carrier
ety Administration

Medical Examiner's Certificate

(For Commercial Driver [illegible] Medical Certificate)

I certify that I have examined **Last Name:** ROSALES ARBOLA **First Name:** CARLOS 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 391.41-391.53) 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 ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 03/27/2026

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 Signature

Medical Examiner's Telephone Number: (305) 264-1131

Date Certificate Signed: 03/27/2024

Medical Examiner's Name (please print or type): Adolfo Martinez

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse

( ) DO ( ) Chiropractor ( ) Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: me86711

Issuing State: Florida

National Registry Number: 6606807003

Driver's Signature

Driver's License Number: D42 113 66 365 0

Issuing State/Province: Florida

Driver's Address

Street Address: 3575 NW 12TH ST City: MIAMI State/Province: FL Zip Code: 33125

CLP/CDL Applicant/Holder: (•) Yes ( ) No

*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.**

Rev. 3/13/23

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Dr. Adolfo Martinez (Medical Doctor)
Martinez & Hernandez M.D.P.A
8480 SW 8 TH ST Miami, FL 33144
(305) 264-1131 N/A Directions

Dr. Adolfo Martinez
(Medical Doctor)

Email Website

Practice Business Name
Martinez & Hernandez M.D.P.A

Address
8480 SW 8 TH ST Miami, FL 33144

Hours of Operation
-

National Registry Number
6606809003

Certification Date
09/17/2018

Distance
N/A

Business Phone
(305) 264-1131

Business Fax Number
3052641134

Business Email
martinezhernandez@aol.com

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (4/28/2025 10:58:24)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: CARLOS ROSALES ARRIOLA
Date of Birth: 10/5/1966
CDL/CLP: US-FL-R242113663650

Consent Information

Requested: 4/28/2025 9:37:19
Recorded: 4/28/2025 10:58:24
Status: Provided

Query History

Created: 4/28/2025 9:37:19
Completed: 4/28/2025 10:58:24
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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The Return-to-Duty Process