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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: Gonzalez

First Name: Jose

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 391.63) (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  
**10/23/2025**

Medical Examiner's Signature

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

ROSA ALARCON

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

APRN9419445

Medical Examiner's Telephone Number

(786) 558-8073

Date Certificate Signed

10/23/2023

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
- ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

FL

National Registry Number

4356093074

Driver's Signature

Driver's License Number

G524-421-63-410-0

Issuing State/Province

FL

Driver's Address

Street Address: 11980 SW 35 Ter

City: Miami

State/Province: FL

Zip Code: 33175

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



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### Search Medical Examiners

National Registry Number

Business Name

First Name

Last Name

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1 of 1

[Next Page](#)



**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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# FMCSA

Federal Motor Carrier Safety Administration

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



Email



Website

#### Practice Business Name

Miami DOT Exams Corp

#### Address

7801 Coral Way Suite #114 Miami, FL 33155

#### Hours of Operation

m-f 9:00am-4:30pm sat 9:00am-1:00pm

#### National Registry Number

4356093074

#### Certification Date

08/12/2020

#### Distance

N/A

#### Business Phone

(786) 558-8073

#### Business Fax Number

7865588190

#### Business Email

dot305miami@gmail.com



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## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (5/28/2025 12:41:35)

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

#### Driver Information

**Name:** JOSE GONZALEZ

**Date of Birth:** 11/10/1963

**CDL/CLP ⓘ:** US-FL-G524421634100

#### Consent Information

**Requested:** 5/28/2025 12:32:55

**Recorded:** 5/28/2025 12:41:35

**Status:** Provided

#### Query History

**Created:** 5/28/2025 12:32:55

**Completed:** 5/28/2025 12:41:35

**Query Result:** Driver Not Prohibited

### LEARN MORE

■ The Return-to-Duty Process

### Open Violations

No Open Violations