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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)

DEL TUNO, BESTAND JOSE

in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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): _____
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
- ☐ 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

5-12-2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Darell Rich

Medical Examiner's Telephone Number

844-693-2782

Date Certificate Signed

5-12-2023

Medical Examiner's Name (please print or type)

DARELL RICH

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

CH 8741

Issuing State

Florida

National Registry Number

3889855894

CMV DRIVER INFORMATION

Driver's Signature

D436433734020

Issuing State/Province

FL

Driver's Address

447 NW 1ST Ter

COPELAND

State/Province

FL

Zip Code 33930

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev 12/15/21



 **Dr. Darell Rich**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Fast Cdl Physical

Address
5781 Bayshore Rd #103 N Ft Myers, FL 33917

Hours of Operation
mon - thurs(8-12 & 1:30-4) (fri 8-12)

National Registry Number **Certification Date**
3889855894 05/25/2014

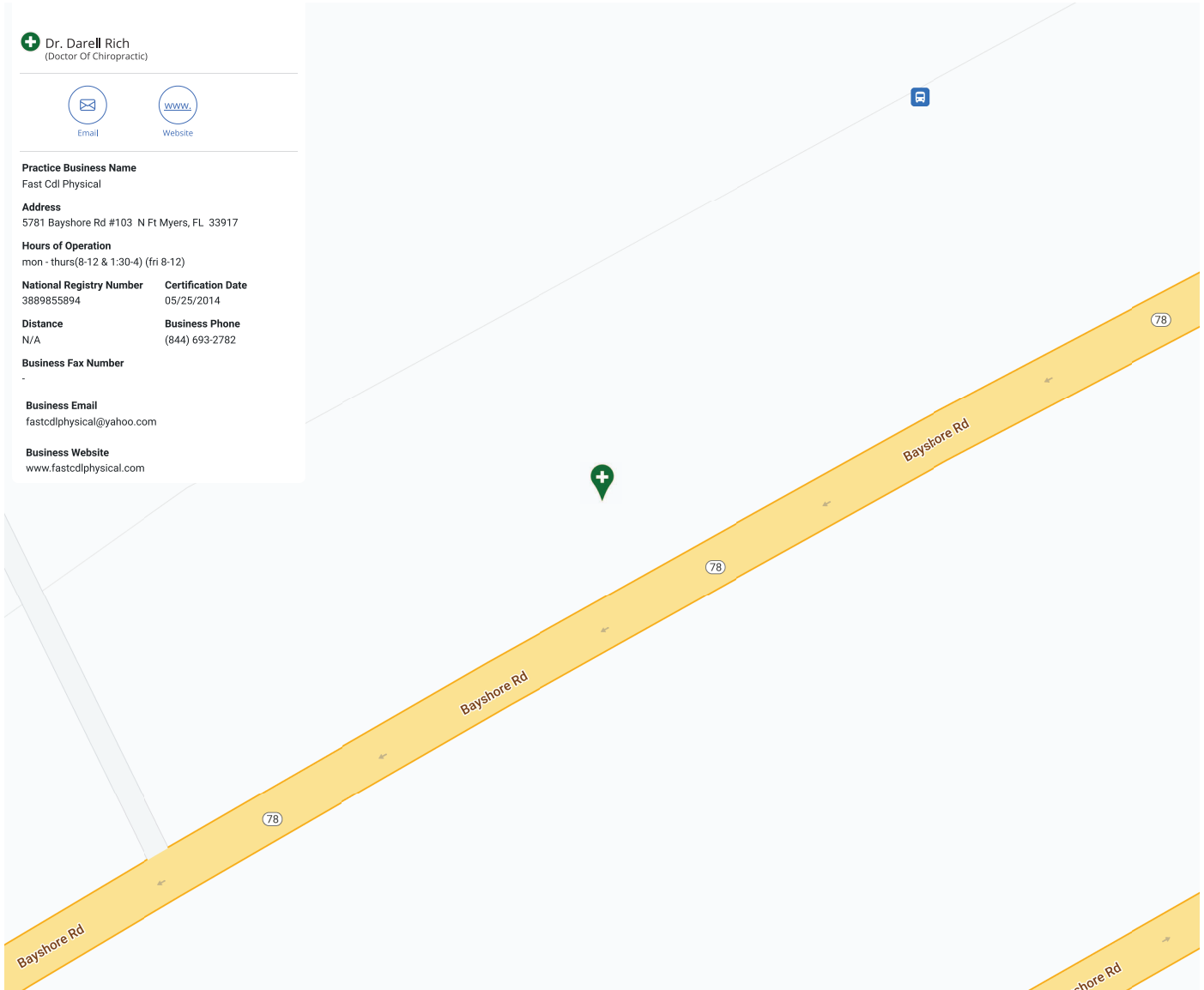
Distance **Business Phone**
N/A (844) 693-2782

Business Fax Number

-

Business Email
fastcdlphysical@yahoo.com

Business Website
www.fastcdlphysical.com



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U.S. DEPARTMENT OF TRANSPORTATION
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