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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:** Carrion Victoriano **First Name:** Amury 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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (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**11/22/2023**Medical Examiner's Signature****Medical Examiner's Name (please print or type)**Leonel Bravo Viart**Medical Examiner's State License, Certificate, or Registration Number**ARNP9382241**Medical Examiner's Telephone Number**(305) 871-3627**Date Certificate Signed**11/22/2021

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

**Issuing State**FL**National Registry Number**3403654390**Driver's Signature****Driver's Address****Street Address:** 13 Dogwood Trail Pl **City:** Ocala**Driver's License Number**C651000862190**Issuing State/Province**FL**State/Province:** FL **Zip Code:** 34472**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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United States Department of Transportation

FMCSA

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Mr. Leonel Bravo Viart

(Advanced Practice Registered Nurse)

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Please do not contact to schedule an examination. This Medical Examiner is not accepting examination requests at this time.

National Registry Number

Certification Date

3403654390

06/11/2016

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

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