

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 Examination)

certify that I have examined **Last Name: Padron** **First Name: Reinaldo** 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 391.62) (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 Signature *[Signature]* **Medical Examiner's Federal ID Number** **3611691595** **Medical Examiner's Certificate Expiration Date** **11/22/2023**

Medical Examiner's Name (Please print name) **Mohammad T. Javed** **Date Certificate Signed** **11/22/2021**

Medical Examiner's License, Certificate, or Registration Number **ME 71079** **Issuing State** **FL** **National Registry Number** **8473944905**

Driver's Signature *[Signature]* **Driver's License Number** **P305720961110** **Issuing State/Province** **FL**

Driver's Address **11 Citrus Dr** **City** **Winter Haven** **State/Province** **FL** **Zip Code** **33884** **CLP/CDL Applicant/Holder** ☐ Yes ☒ No

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