other aspect of this collection of informa	11. P. 15. 1	10	
5. Department of Transportation ideral Motor Carrier flety Administration	Medical Examine (for Commercial Driver Mo		
		•	
certify that I have examined Last N	ame: Byssanthe First Name: Fe	enel	in accordance with (please check only one):
the Federal Motor Carrier Safety	Regulations (49 CFR 391.41-391.49) and, with knowledge of the driv	ving duties, I find th	is person is qualified, and, if applicable, only when (check all that apply) OR
	Regulations (49 CFR 391.41-391.49) with any applicable State variar i, if applicable, only when (check all that apply):	-	y be valid for intrastate operations), and, with knowledge of the driving dution
	I, if applicable, only when (check all that apply):	-	
I find this person is qualified, and	I, if applicable, only when (check all that apply):	nces (which will onl	y be valid for intrastate operations), and, with knowledge of the driving dutie
I find this person is qualified, and	I, if applicable, only when (check all that apply):	nces (which will onl	<ul> <li>be valid for intrastate operations), and, with knowledge of the driving dution</li> <li>Driving within an exempt intracity zone (49 CFR 391.62) (Federal)</li> </ul>
I find this person is qualified, and	I, if applicable, only when (check all that apply):	nces (which will onl	<ul> <li>be valid for intrastate operations), and, with knowledge of the driving dution</li> <li>Driving within an exempt intracity zone (49 CFR 391.62) (Federal)</li> <li>Qualified by operation of 49 CFR 391.64 (Federal)</li> </ul>

Medical Examiner's Signature	Medical Examiner's Telephone Nur 407-851-6478	nber Date Certificate Signed 5/31/2024
Medical Examiner's Name (please print or type) Jessibe Romeo	OMD OPhysician Assistant ODO OChiropractor	Advanced Practice Nurse     Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number APRN 9403619	Issuing State Florida	National Registry Number 1478882250

Driver's Signature Reduct B	Driver's License Number Issuing State/Province
Driver's Address STI SW G7thAV2 city: North la	Ud er da Ustate/Province: The zip Code: 33868 @res O No

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United States Department of Transportation

National Registry Number

1478882250

First Name

**Basic Search** 

FMCSA Federal Motor Carrier Safety Administration



PEDERA Federal Motor Carrier Safety Administration



DAKOTA Boise OREGON 0 IDAHO WYOMING IOWA Omaha NEBRASKA Salt Lake City **United States** NEVADA Denvero **Kansas City** UTAH St. L Sacramento COLORADO 0 KANSAS MISSOU San Francisco - Com I

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## Query Detail

Query Overview	LEARN MORE		
mployer Conducting Query: ZIG uery Result: Driver Not Prohibited	The Return-to-Duty Process		
uery Status: Completed (1/22/2025 10	:09:12)		
onducted By: Teodora Nikolic Query	<b>Type:</b> Pre-employment <b>Query Subm</b>	itted: Manually	
Driver Information	Consent Information	Query History	
Name: FEDNEL BYSSAINTHE	Requested: 1/22/2025 9:59:56	Created: 1/22/2025 9:59:56	
Date of Birth: 6/22/1982	Recorded: 1/22/2025 10:09:12	Completed: 1/22/2025 10:09:12	
CDL/CLP (): US-FL-B253240822220	Status: Provided	Query Result: Driver Not Prohibited	

**No Open Violations**