

Medical Examiner's Certificate

I certify that I have examined Last Name: DIAZ First Name: CESAR 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 _____

04/03/2025

Medical Examiner's Signature _____

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Medical Examiner's Telephone Number _____

Date Certificate Signed _____

(305) 597-8707

04/03/2023

Medical Examiner's Name (please print or type)

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

Maylin Moll Delgado

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

Issuing State

National Registry Number

APRN 11024783

FL

9043440272

Driver's Signature _____

444

Driver's License Number

Issuing State/Province

D40281200010882

NJ

Driver's Address

Street Address: 931 JEFFERSON AVE

City: ELIZABETH

State/Province: NJ

Zip Code: 07201

CLP/CDL Applicant/Holder

☒ Yes ☐ No



 **Mrs. Maylin Moll Delgado**
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Dot Solution Inc

Address

2555 nw 102nd ave unit 110 doral, FL 33172

Hours of Operation

-

National Registry Number

9043440272

Certification Date

03/24/2023

Distance

N/A

Business Phone

(305) 597-8707

Business Fax Number

3055978710

Business Email

maylinmoll@gmail.com



Florida Safe Living



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U.S. DEPARTMENT OF TRANSPORTATION

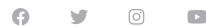
Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

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