

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 Certification)I certify that I have examined Last Name: CauzFirst Name: OMAR

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 Certificate Expiration Date

1-4-2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

305-773-7009

Date Certificate Signed

1-5-2023

Medical Examiner's Name (please print or type)

MONICA BUIE

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

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

9320175

Issuing State

FL

National Registry Number

8165886919

Driver's Signature

Driver's License Number

C200-640-66-187-0

Issuing State/Province

FL

Driver's Address

Street Address: 11605 Painted Hills LN City: TempeState/Province: FLZip Code: 33624

CLP/CBL Applicant/Holder

☒ Yes ☐ No



 **Ms. Monica Buie**
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name
Monica Buie

Address
1101 durant rd Brandon, FL 33511

Hours of Operation
-

National Registry Number **Certification Date**
8165886919 11/02/2017

Distance **Business Phone**
N/A (305) 773-7009

Business Fax Number
-

 **Business Email**
monbuie031@gmail.com

