

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)

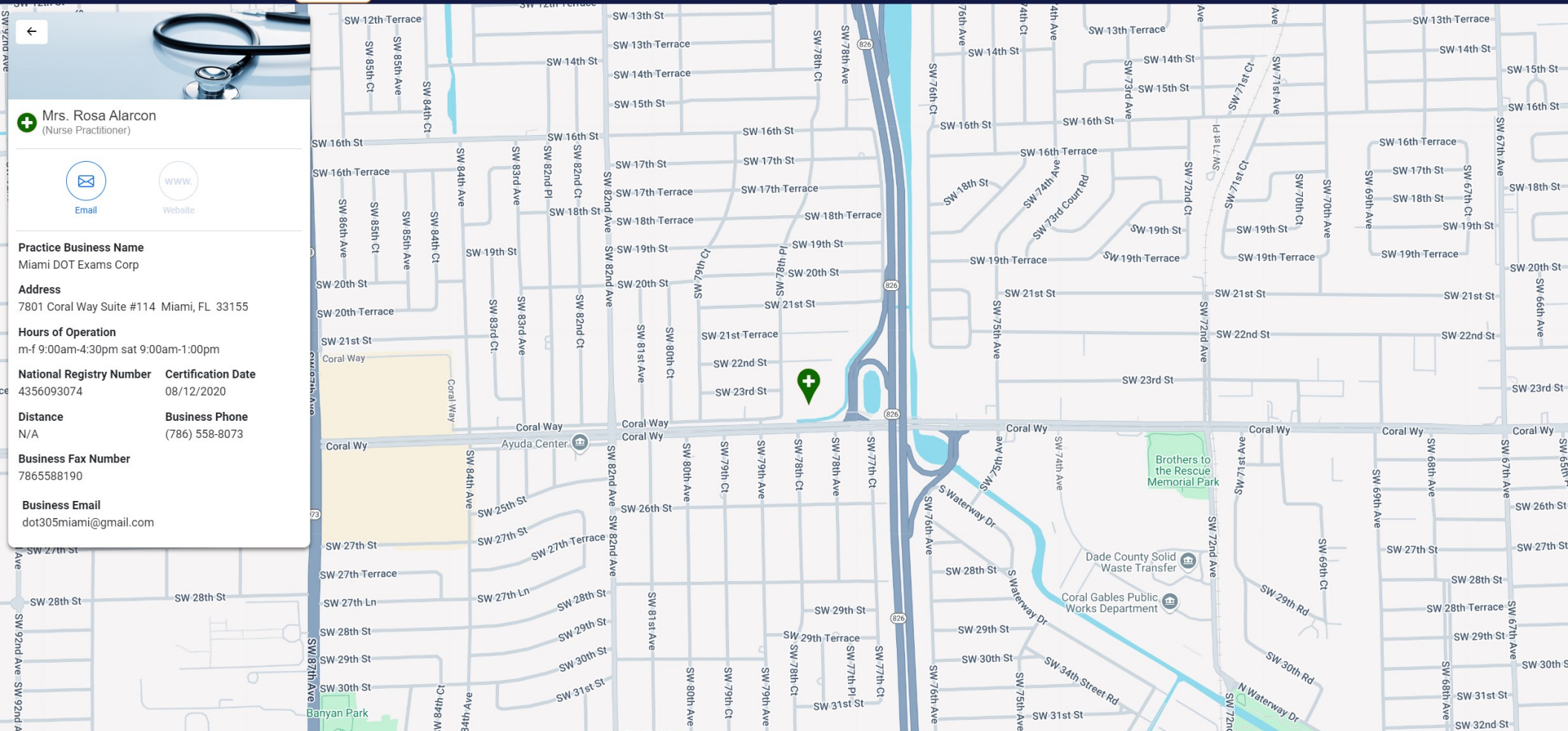
I certify that I have examined Last Name: Cardona Blanco First Name: Julian in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) 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 391.41-391.42) 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 ☐ 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 Date08/20/2026**Medical Examiner's Signature****Medical Examiner's Name (please print or type)**ROSA ALARCON**Medical Examiner's State License, Certificate, or Registration Number**APRN9419445**Medical Examiner's Telephone Number**(786) 558-8073**Date Certificate Signed**08/20/2024☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**FL**National Registry Number**4356093074**Driver's Signature****Driver's License Number**C635-424-76-065-0**Issuing State/Province**FL**Driver's Address****Street Address:** 4141 NE 26th St**City:** Homestead**State/Province:** FL**Zip Code:** 33033**CLP/CDL Applicant/Holder**☒ Yes ☐ No



Mrs. Rosa Alarcon
(Nurse Practitioner)



Email



Website

Practice Business Name
Miami DOT Exams Corp

Address
7801 Coral Way Suite #114 Miami, FL 33155

Hours of Operation
m-f 9:00am-4:30pm sat 9:00am-1:00pm

National Registry Number 4356093074
Certification Date 08/12/2020

Distance N/A
Business Phone (786) 558-8073

Business Fax Number
7865588190

Business Email
dot305miami@gmail.com