Form MCSA-5870 OMB No.: 2126-0006 Expiration Date: 08/31/2025

Public Burden Statement

Medical Examiner's Certificate

(to Certify Driver Medical Certification)

I certify that I have examined Last Name: Acosta First Name: Peter In accordance with (please check only one):

- [x] 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] 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: 04-18-2024

Medical Examiner's Signature: DRodriguez APRN FNP

Medical Examiner's Telephone Number: 956-717-2600

Date Certificate Signed: 04.18.2023

Medical Examiner's Name (please print or type): DELORES V RODRIGUEZ RN FNP APRN

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [x] Advanced Practice Nurse
- [ ] Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: AP108719

Issuing State: Texas

National Registry Number: 5284831952

Driver's Signature

Driver's License Number: V7567635

Issuing State/Province: CA

Driver's Address Street Address: 117 W. Greenleaf Blvd City: Compton State/Province: CA Zip Code: 90220

CLP/CDL Applicant/Holder: [x] Yes [ ] No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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Ms. Delores Rodriguez
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
COLLECTION SPECIALISTS OF LAREDO

Address
716 PELLEGRINO CRT. #2 LAREDO, TX 78045

Hours of Operation
m-f 8 to 5

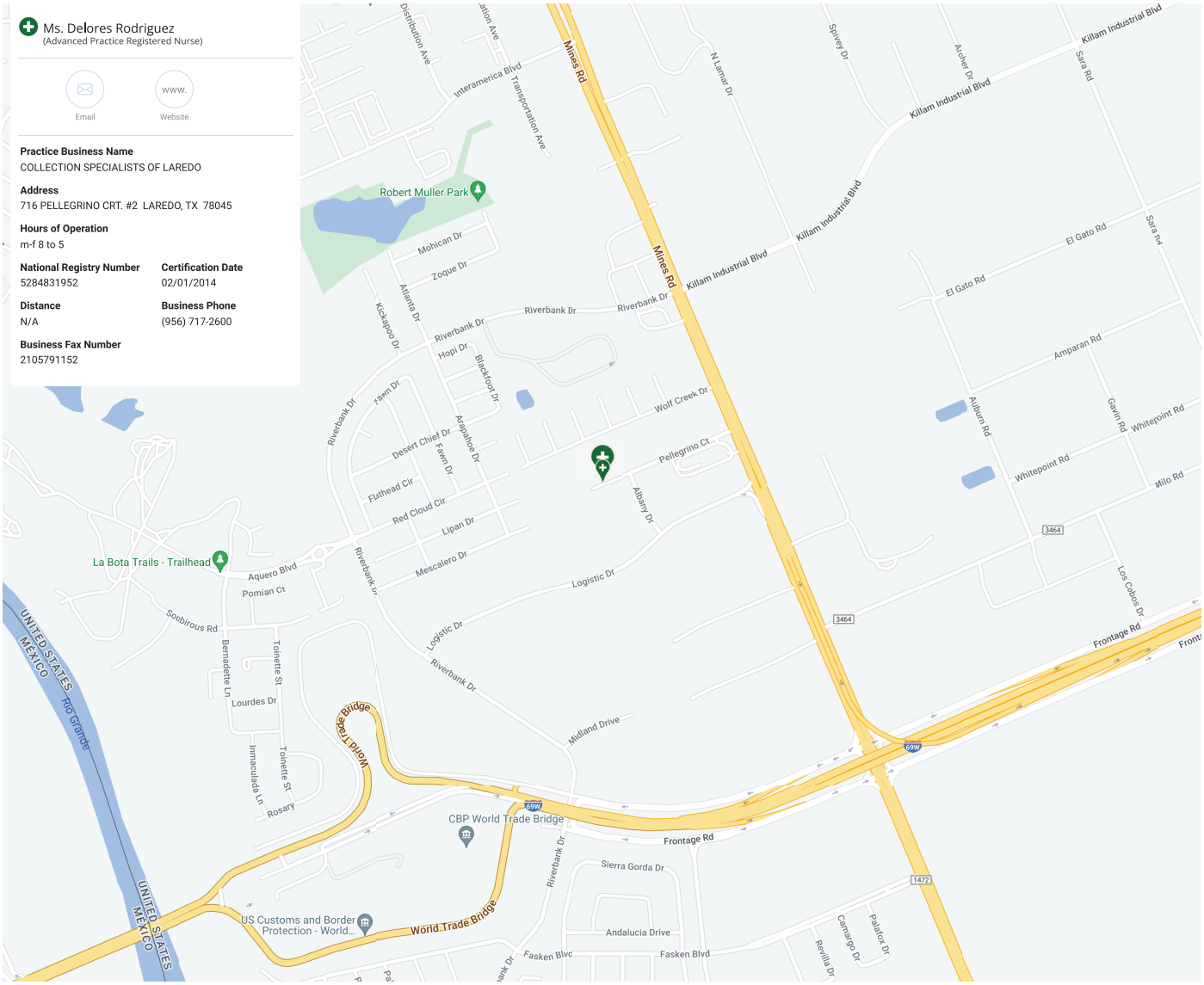
National Registry Number
5284831952

Certification Date
02/01/2014

Distance
N/A

Business Phone
(956) 717-2600

Business Fax Number
2105791152



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