

Form MCSA-8878 04/18/2004 Expiration Date 04/18/2025

Public Reading Instructions: This form is to be completed by the driver and signed by the examiner. It is not to be used for any other purpose. The driver must read and understand the instructions before signing the form. The examiner must read and understand the instructions before signing the form. The driver must read and understand the instructions before signing the form. The examiner must read and understand the instructions before signing the form.

Medical Examiner's Certificate

(To be filled out by the Medical Examiner)

I certify that I have examined Last Name: Acosta First Name: Peter In accordance with (please check only one):
☒ The Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.63) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) ON:
☐ The Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.63) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Driving within an exempt territory zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.61 (Federal)
☐ Grandfathered from State requirements (State)
☐ Accompanied by a _____ waiver/exemption
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Wearing corrective lenses
☐ Wearing hearing aid

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-8875, 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: Peter Acosta Medical Examiner's Telephone Number: 956-717-2600 Date Certificate Signed: 04-18-2023
 Medical Examiner's Name (please print): DELORES V RODRIGUEZ RN FNP APRN
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____
 Medical Examiner's State License, Certificate, or Registration Number: AP108719 Issuing State: Texas National Registry Number: 5234531952

Driver's Signature: [Signature] Driver's License Number: Y7567635 Issuing State/Province: CA
 Driver's Address: 711 W. Greenleaf Blvd., Compton State/Province: CA Zip Code: 90220 CLP/CDL Applicant/Holder: 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 breaches or 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.

FMCSA

Federal Motor Carrier Safety Administration



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Ms. Delores Rodriguez

(Advanced Practice Registered Nurse)

Email

www.

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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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

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