orm MCSA-5876

Public Burden Statement

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Bearing and Assessed	other	
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U.S. Department of Transportation Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

Street Address: 3206 Bloomingdale Ave City: Valrico	Driver's Signature Driver's Signature Driver's Signature T10	Medical Examiner's Name (please print or type) Dency Rivas Medical Examiner's State License, Certificate, or Registration Number ME0042771 FL	Medical Examiner's Signature Succe M. D. (81	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.	Tapia The Federal Motor Carrier Safety Regulations (
State/Province: FL	Driver's License Number T100-060-71-082-0	MD OPhysician Assistant OA ODO OChiropractor OO Issuing State FL	Medical Examiner's Telephone Number (813) 628-4400	Medical Examination Report Form, office.	Bartolome in accordance with driving duties, I find this person is qualified, and, if a ariances (which will only be valid for intrastate operation Driving within an exempt dificate Grandfathered from State
Zip Code: 33596 • Yes O No	Issuing State/Province	O Advanced Practice Nurse O Other Practitioner (specify) National Registry Number 1825085878	Date Certificate Signed	Medical Examiner's Certificate Expiration Date 06/05/2024	First Name: Bartolome in accordance with (please check only one): and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, that apply): waiver/exemption Driving within an exempt intracity zone () (Federal) rmance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

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