

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: LECHUGAFirst Name: LOUIS

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 391.63) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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

7/11/2025

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

Wayne Hall

Medical Examiner's Telephone Number

407-810-8777

Date Certificate Signed

7/11/2023

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

PA9105916

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

Issuing State

FL

National Registry Number

2248245367

Driver's Signature



Driver's License Number

L220534724100

Issuing State/Province

FL

Driver's Address

Street Address: 4125 CROSSEN DRIVE

City: ORLANDO

State/Province: FL

Zip Code: 32822

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



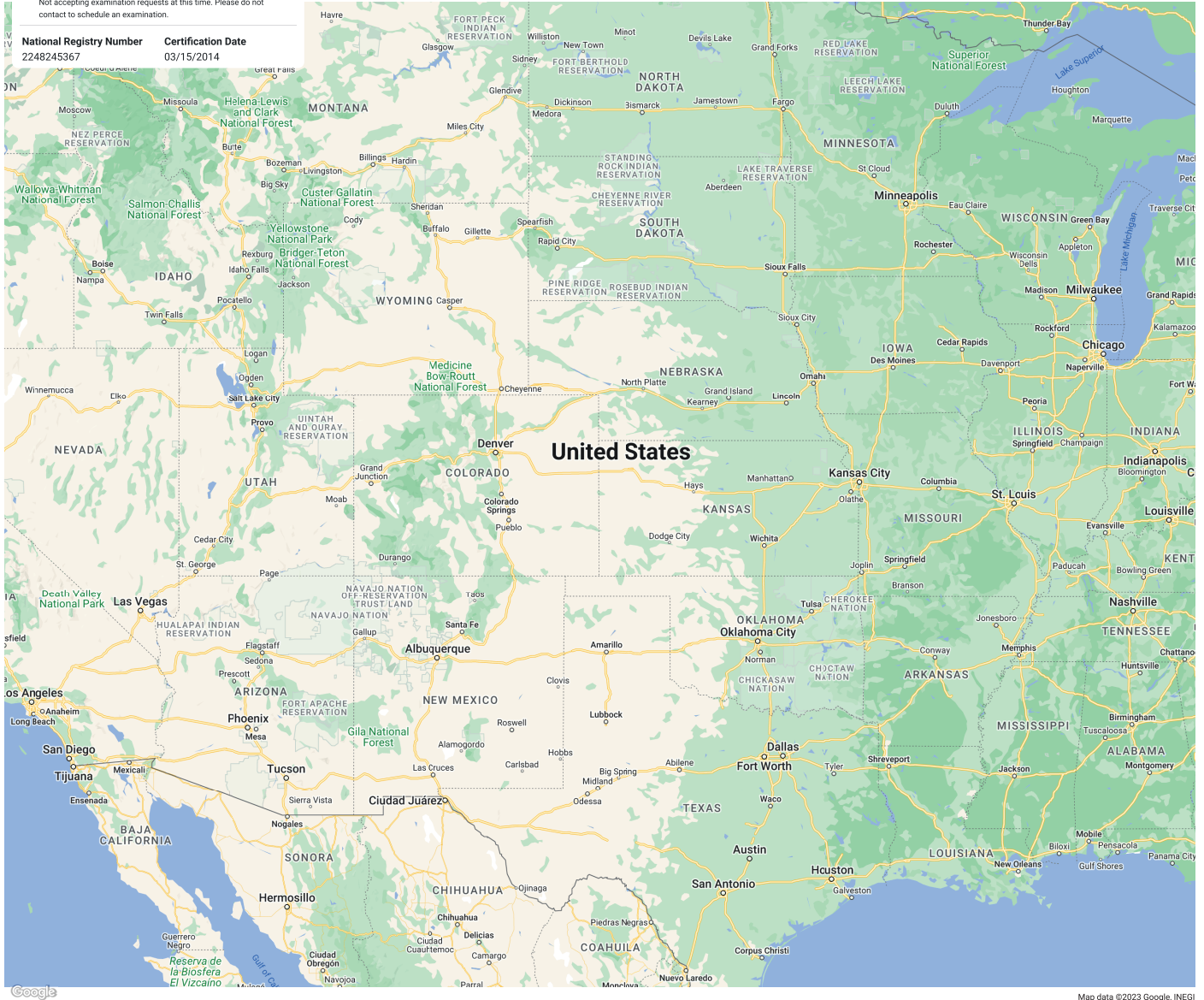
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 **Dr. Wayne Hall**
(Physician Assistant)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
2248245367	03/15/2014



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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