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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(For Commercial Driver License)

Alexander MOREJON MARTINEZ

I certify that I have examined Last Name: _____ First Name: _____ 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 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

4/8/24

Medical Examiner's Signature

K S

Medical Examiner's Telephone Number

786 518 3452

Date Certificate Signed

4/8/2022

Medical Examiner's Name (please print or type)

KEVIA T. CRUZ

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

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

ARNP 11010846

Issuing State

FL

National Registry Number

1764530880

Driver's Signature

(Signature)

Driver's License Number

M 625 000 74 0660 FL

Driver's Address

3141 SW 27th LN Miami FL 33133

CLP/CDL Applicant/Holder

☒ Yes ☐ No

FMCSA

Federal Motor Carrier Safety Administration



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 Ms. Kenia Cruz
(Nurse Practitioner)

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

National Registry Number
1764530880

Certification Date
02/05/2022



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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