

Form MCSA-5875 OMB No: 2125-0006 Expiration Date: 03/31/2028

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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

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

I certify that I have examined **Last Name: ESTEVEZ MARTINEZ** **First Name: LUIS** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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 391.43) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 Signature: *Andrew Campana* **Medical Examiner's Telephone Number:** (732) 424-1717 **Date Certificate Signed:** 06/30/2025

Medical Examiner's Name (please print or type): Andrew Campana **Issuing State:** New Jersey **National Registry Number:** 3105900934

Medical Examiner's State License, Certificate, or Registration Number: 38MC00762100

Driver's Signature: _____ **Driver's License Number:** E80674947409901 **Issuing State/Province:** New Jersey

Driver's Address: Street Address: 1109 LIVINGTON AVE APT 3A City: NEW BRUNSWICK State/Province: NJ Zip Code: 08901 **CLP/CDL Applicant/Holder:** ☒ Yes ☐ No

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