

## Public Burden Statement

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OMB No.: 2126-0006 Expiration Date: 2/31/2025

U.S. Department of Transportation  
Federal Motor Carrier  
Safety AdministrationMedical Examiner's Certificate  
(for Commercial Driver Medical Certification)I certify that I have examined Last Name: EstevezFirst Name: Luis

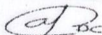
in accordance with (please check only one):

- ☒ 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  
05/02/2025

## Medical Examiner's Signature



Medical Examiner's Name (please print or type)

Christophe Oliveira

Medical Examiner's Telephone Number

(732) 442-0969

Date Certificate Signed

05/02/2023☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☒ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

NJ

National Registry Number

8533909941

## Driver's Signature



Driver's License Number

E8067 49474 09901

Issuing State/Province

NJ

## Driver's Address

Street Address: 1109 Livingston Ave Apt 3ACity: New BrunswickState/Province: NJZip Code: 08901CLP/CDL Applicant/Holder  
☒ Yes ☐ No

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# FMCSA

Federal Motor Carrier Safety Administration

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**Dr. Christophe Oliveira (Doctor Of Chiropractic)**



**New Jersey Disc Center**

477 Brace Ave Perth Amboy, NJ 08861



(732) 442-0969



N/A [Directions](#)

