Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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I certify that I have examined Last Name: Barre	eto Ramos First Name:	William	in accordance v	vith (please check only one):	
2 the Federal Motor Carrier Safety Regulations (49 (JFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and if applicable only when icheck all the careful OP					
O 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):					
CI Wearing corrective lenses CI Accompanie	vied by a v	waiver/exemption	Oriving within an exer	npt intracity zone (49 CFR 391.62) (Federal)	
Wearing hearing aid Accompanie	ied by a Skill Performance Evaluation (SPE) Cert			of 49 CFR 391 64 (Federal)	
			Grandfathered from St	ate 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 Dr. D. D.	Medical Examiner's Telephone Number Date Certificate Signed (352) 643-1034 x 4 6/2/2023
Medical Examiner's Name (please print or type) Bethany J Dixon	OMD O Physician Assistant O Advanced Practice Nurse O DO Ø Chiropractor O Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number CH11281	Issuing State National Registry Number FL 6766868041

William Bases	Driver's License Number B636920800930	Issuing State/Province FL	
Driver's Address Street Address: 1658 W J Williams Lane City: Dunnellon	State/Province:	CLP/CDI. Applicant/Holder Zip Code: <u>34434</u> Ø Yes O No	

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Federal Motor Carrier Safety Administration

