Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 12/31/2024

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Zetta *(first name)* Victor M 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption *(specify type)*: _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(if applicable)*
- [ ] Qualified by operation of 49 CFR 391.64 *(if applicable)*
- [ ] Grandfathered from State requirements *(if applicable)*

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: 05-13-2015

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-882-1100

Date Certificate Signed: 05-13-2013

Medical Examiner's Name *(type or print)*: Armando Perez, MD

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: ME-91655

Issuing State: FL

National Registry Number: 4272389252

CMV DRIVER INFORMATION

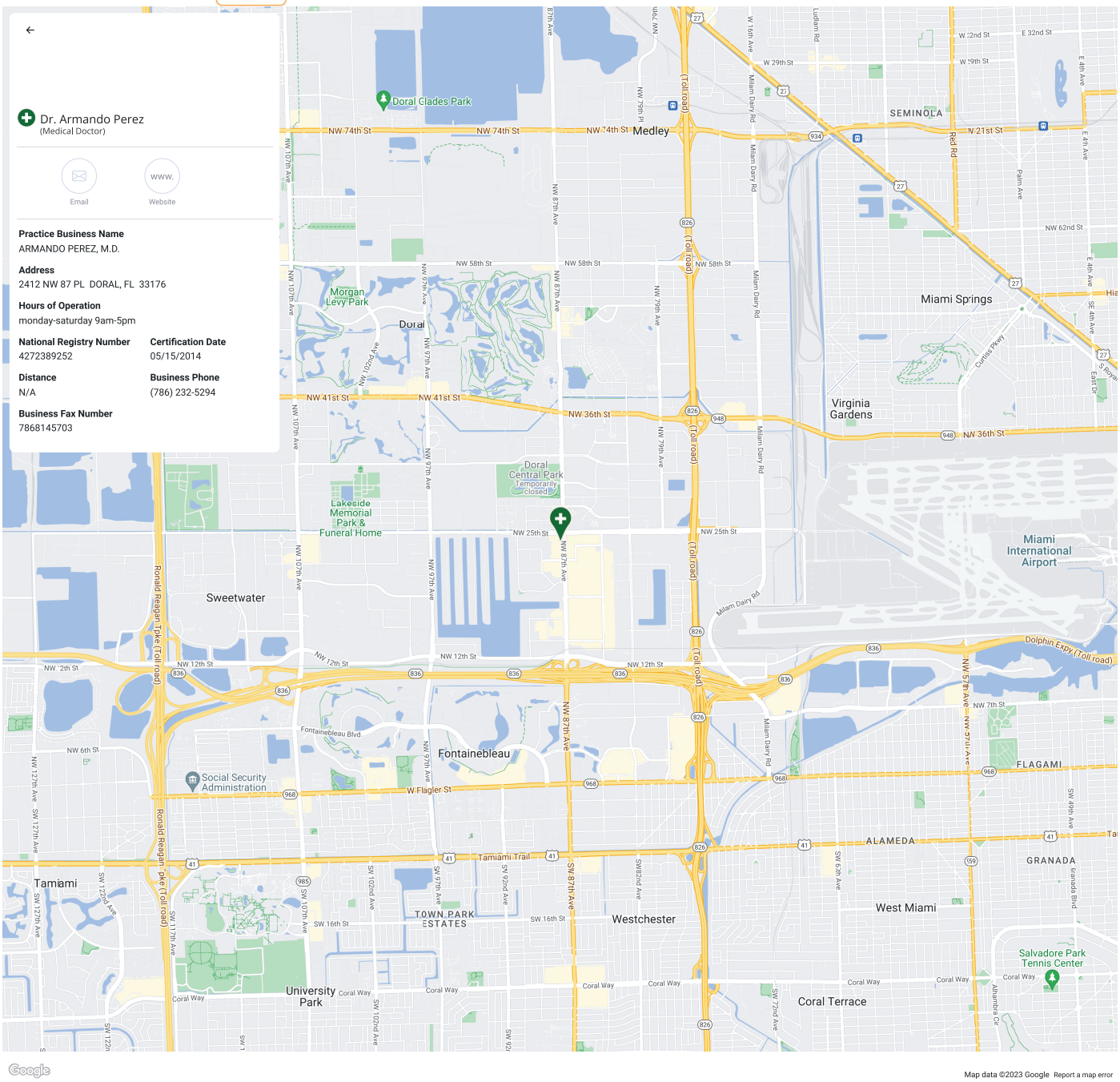
Driver's Signature: [signature]

Driver's License Number: S600-873-62-090-0 **Issuing State/Province**: FL

Driver's Address *(street address)*: 207 Meadow Rd **City**: Lehigh Acres **State/Province**: FL **Zip Code**: 33973 **CLP/CDL applicable?** (●) Yes ( ) No

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS



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Dr. Armando Perez
(Medical Doctor)

Email Website

Practice Business Name
ARMANDO PEREZ, M.D.

Address
2412 NW 87 PL DORAL, FL 33176

Hours of Operation
monday-saturday 9am-5pm

National Registry Number
4272389252

Certification Date
05/15/2014

Distance
N/A

Business Phone
(786) 232-5294

Business Fax Number
7868145703

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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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