

Florida CDL  **CLASS A**

4d DLN **B200-725-69-467-0**

1 **BAEZ**
 2 **RUDDY ERNESTO**
 8 **775 NE 160TH ST**
MIAMI, FL 33162

3 DOB **12/27/1969** 15 SEX **M**
 4b EXP **12/27/2025** 16 HGT **5'-08"**
 12 REST **NONE** 9a END **N**

4a ISS **02/24/2017**
 5DD **S031809040536**
 REPLACED **09/04/2018**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.




MEDICAL EXAMINER'S CERTIFICATE
 B-328 Rev. 10-2008

#2054663425

I CERTIFY THAT I HAVE EXAMINED (Print Name of Individual Below)

Ruddy Baez

In accordance with 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:

- | | |
|--|--|
| <input type="checkbox"/> Wearing Corrective Lenses | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing Hearing Aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> Qualified by operation of 49 CFR 391.54 | <input type="checkbox"/> Accompanied by a _____ waiver/exemption |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER X 		TELEPHONE NUMBER 713-723-8300	DATE 4-27-23
NAME OF MEDICAL EXAMINER (Please Print) Dr. Shellie N. Smith DC		ISSUING STATE Texas	MEDICAL CERTIFICATE EXPIRATION DATE 4-27-2025
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 14507		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse <input checked="" type="checkbox"/> Chiropractor	
SIGNATURE OF DRIVER X 		DRIVER'S LICENSE NUMBER B200725694670	STATE FL
ADDRESS OF DRIVER 775 NE 160th St Miami FL 33162			



Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name

2054603425

First Name Last Name

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Dr. Dr. Shellie N. Smith DC (Doctor Of Chiropractic)
Healthcare Solutions
10540 S Post Oak Rd Ste. 200 Houston, TX 77035
(713) 723-8300 [N/A](#) [Directions](#)

