

Public Burden Statement

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

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

I certify that I have examined Arquijo Last Name Murphy First Name Arquijo 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
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ 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 Medical Examiner's Certificate 9/11/2023 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. Orlando Aguila Date Certificate Signed 09-01-2023

Medical Examiner's Name (please print or type) Dr. Orlando Aguila National Registry Number 8910399681
☐ Physician Assistant ☐ Advanced Practice Nurse
☐ Echocardiographer ☐ Other Practitioner (specify)

Medical Examiner's State License Certificate, or Registration Number FL Issuing State FL

Driver's Signature Arquijo Driver's License Number FL Issuing State/Province FL

Driver's Address 6000 23rd St N City St Petersburg CLP/CDL Applicant/Holder ☒ Yes ☐ No
 State/Province FL Zip Code 33702

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