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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 Last Name: Ybarra First Name: Raymond 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)


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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

01/05/2024

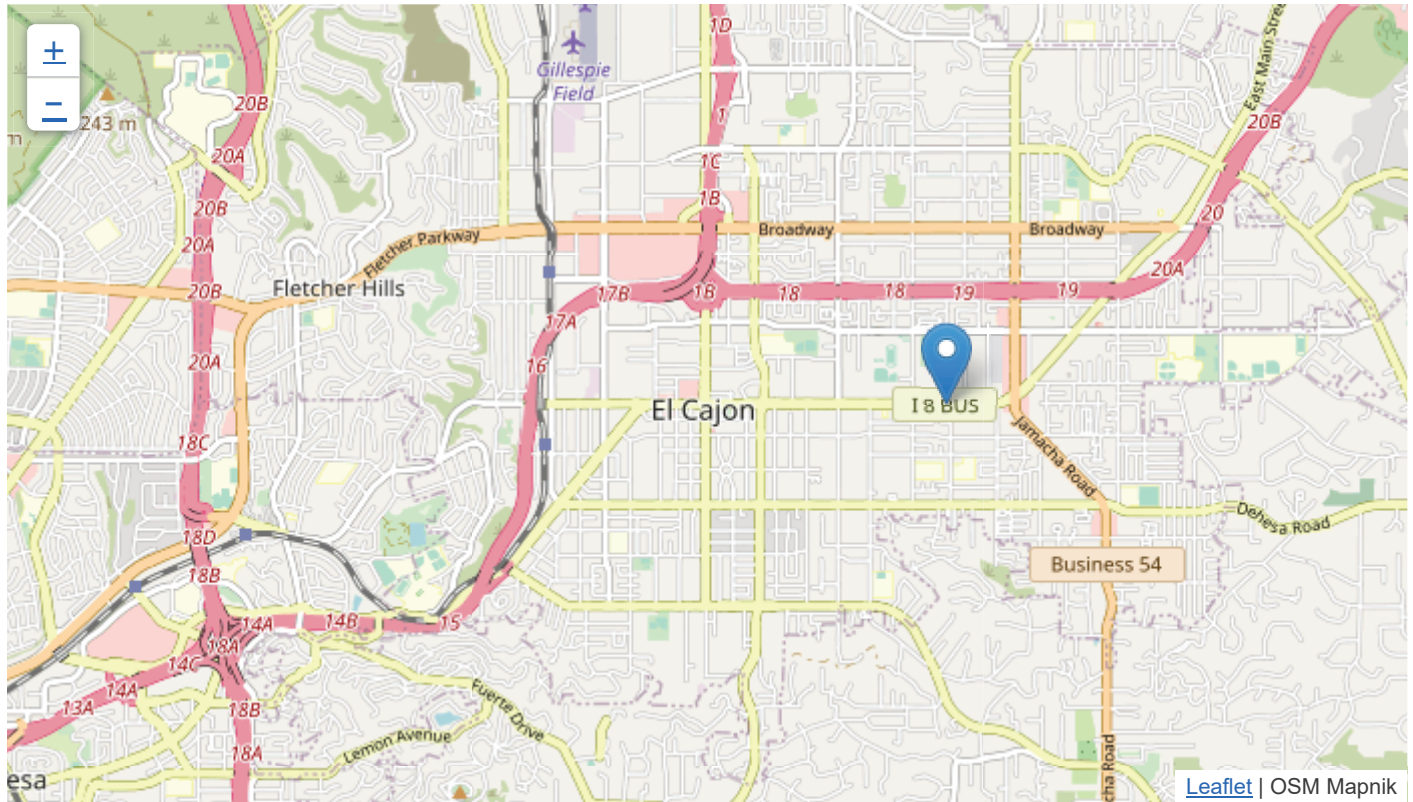
Medical Examiner's Signature 	Medical Examiner's Telephone Number 619-579-8585	Date Certificate Signed 01/05/2022
Medical Examiner's Name (please print or type) Melvin G Miller	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number 18541	Issuing State CA	National Registry Number 2508737453

Driver's Signature 	Driver's License Number A9443735	Issuing State/Province CA
Driver's Address Street Address: 2887 Bratton valley City: Jamul State/Province: CA Zip Code: 91835	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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National Registry of Certified Medical Examiners Search



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National Registry Number: 2598737453

Certification Date: 07/18/14

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