

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 **Last Name:** arriola garcia **First Name:** javier 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 Grandfathered from State 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 Certificate Expiration Date

10/22/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(936) 229-0003

Date Certificate Signed

10/22/2024

Medical Examiner's Name (please print or type)

Robert Standerford

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

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

PA03586

Issuing State

Texas

National Registry Number

9049413824

Driver's Signature

Driver's License Number

13713585

Issuing State/Province

Texas

Driver's Address

Street Address: 178 turkey ridge cove

City: cedar creek

State/Province: TX

Zip Code: 78612

CLP/CDL Applicant/Holder

Yes No

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Mr. Robert Standerford
(Physician Assistant)

Email Website

Practice Business Name
Carenow

Address
717 w 71 suite 500 bastrop, TX 78602

Hours of Operation
-

National Registry Number 9049413824 **Certification Date** 05/02/2014

Distance N/A **Business Phone** (936) 229-0003

Business Fax Number
-

Business Email
rstanderford@hotmail.com

