

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 Date10/22/2026**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 NumberPA03586**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 **Certification Date**

9049413824

05/02/2014

Distance

N/A

Business Phone

(936) 229-0003

Business Fax Number

-

Business Email

rstanderford@hotmail.com

