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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: Acosta First Name: Rolando A. 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): _____

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.

Medical Examiner's Certificate Expiration Date

Signature of Medical Examiner

Medical Examiner's Telephone Number
(305) 558-3220

Date Certificate Signed

Medical Examiner Name (please print or type)

ANIA BENITEZ

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

ME 90842 FL

Issuing State

FLORIDA

National Registry Number

4590054559

Signature of Driver

Driver's License Number

Issuing State/Province

Address of Driver

Street:

1301 SW Dorice Ct. S. Lutz FL 34533 City: _____ State/Province: _____ Zip Code: _____

CLP/CDL Applicant/Holder

☒ Yes ☐ No





Dr. Ania Benitez
(Medical Doctor)



Email



Website

Practice Business Name
Benitez Ania MD PA

Address
3750 W 16th Ave Suite 110 Hialeah, FL 33012

Hours of Operation
10:00 am to 5:00 pm

National Registry Number **Certification Date**
4590054559 02/14/2015

Distance **Business Phone**
N/A (305) 558-3220

Business Fax Number
3055583136

Business Email
aniabenitezmd@yahoo.com



Google

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U.S. DEPARTMENT OF TRANSPORTATION
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