

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: ALLENFirst Name: RYAN 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 _____ w/ver/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 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

01/20/2025**Medical Examiner's Signature**Y Belanton APRN

Medical Examiner's Name (please print or type)

Yvonne Belanton

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

APRN9294190

Medical Examiner's Telephone Number

407-901-9112

Date Certificate Signed

01/20/2023

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

Issuing State

Florida

National Registry Number

☒ 4802153110

Driver's Signature

AL

Driver's License Number

A434400644640

Issuing State/Province

FLORIDA

Driver's Address

Street Address: 914 Indeson Dr City: ORLANDO State/Province: FL Zip Code: 32828

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

City, State or Zipcode: 10 Miles

National Registry Number: Business Name:

First Name: Last Name:

Basic Search Search

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