Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: [illegible]

Public Burden Statement [illegible]

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Becerra (first name) Jose Raul in accordance with (please check only one):

- [x] 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (specify type): ______
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 11-06-2025

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 INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-882-1100

Date Certificate Signed: 11-06-2023

Medical Examiner's Name (please print or type): Santiago Cardenas, MD

- [x] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: ME-81032

Issuing State: FL

National Registry Number: 4901194254

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: B-260 436 68 413 0 — Issuing State/Province: FL

Driver's Address: Street Address: 9715 SW [illegible] Ct — City: Miami — State/Province: FL — Zip Code: [illegible]