

Florida CDL  **CLASS A**

4d DLN **B200-725-69-467-0**

1 **BAEZ**
 2 **RUDDY ERNESTO**
 8 **775 NE 160TH ST**
MIAMI, FL 33162

3 DOB **12/27/1969** 15 SEX **M**
 4b EXP **12/27/2025** 16 HGT **5'-08"**
 12 REST **NONE** 9a END **N**

4a ISS **02/24/2017**
 5DD **S031809040536**
 REPLACED **09/04/2018**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.




MEDICAL EXAMINER'S CERTIFICATE
 B-328 Rev. 10-2008

#2054663425

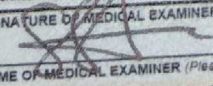
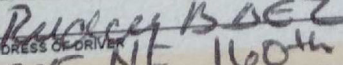
I CERTIFY THAT I HAVE EXAMINED (Print Name of Individual Below)

Ruddy Baez

In accordance with 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:

- | | |
|--|--|
| <input type="checkbox"/> Wearing Corrective Lenses | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing Hearing Aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> Qualified by operation of 49 CFR 391.54 | <input type="checkbox"/> Accompanied by a _____ waiver/exemption |

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.

SIGNATURE OF MEDICAL EXAMINER X 		TELEPHONE NUMBER 713-723-8300	DATE 4-27-23
NAME OF MEDICAL EXAMINER (Please Print) Dr. Shellie N. Smith DC		ISSUING STATE Texas	MEDICAL CERTIFICATE EXPIRATION DATE 4-27-2025
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 14507		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse <input checked="" type="checkbox"/> Chiropractor	
SIGNATURE OF DRIVER X 		DRIVER'S LICENSE NUMBER B200725694670	STATE FL
ADDRESS OF DRIVER 775 NE 160th St Miami FL 33162			