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:** MONTEIRO **First Name:** RENATO 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 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: AUG 30 2021

Medical Examiner's Signature

Medical Examiner's Telephone Number: 512-835-1955

Date Certificate Signed: AUG 30 2019

Medical Examiner's Name *(please print or type)*: Joseph H. Lones

( ) MD (●) Chiropractor ( ) DO ( ) Physician Assistant ( ) Advanced Practice Nurse ( ) Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: 4013

Issuing State: Texas

National Registry Number: 1331970110

Driver's Signature Renato Monteiro

Driver's License Number: 17107546 **Issuing State/Province:** TX

Driver's Address
Street Address: 9801 STONELAKE BLVD City: AUSTIN State/Province: TEXAS Zip Code: 78759

CLP/CDL Applicant/Holder (●) Yes ( ) No

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