

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: WEDDERBURN First Name: DESTANG 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)

Medical Examiner's Certificate Expiration Date

08-04-2024

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 Signature

Medical Examiner's Telephone Number

(561) 336-5050

Date Certificate Signed

08-04-2022

Medical Examiner's Name (please print or type)

Yvonne Gutierrez-Ricardo

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

Issuing State

FL

National Registry Number

1791198885

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

AN 1140

Driver's Signature

D. Wedderburn

Driver's License Number

PW-361-177-81-268-0

Issuing State/Province

FL

Driver's Address

4755 Palm Brook Cir. City: West Palm Beach

CLP/CDL Applicant/Holder

33417 Yes ☒ No ☐

Street Address:

4755 Palm Brook Cir. City: West Palm Beach

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Rev 1/5/22

0.00

119.00

Account Balance Summary

al Balance: 0.00
 ent Balance: 0.00
 rance Balance: 0.00

APPOINTMENT CARD

ent Name: WEDDERBURN, DESTANG S