

Form MCSA-5876

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington D.C. 20590

OMB No. 2126-0006

Expiration Date 3/31/2025

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: Deri Nord First Name: Jeff 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 the 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 (State)
☐ 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

5/3/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Julia Paolino PKC

Medical Examiner's Name

Julia Paolino

Medical Examiner State Lic, Certificate, or Reg. Number

7515

Medical Examiner Phone Number

706-202-5815

Date Certificate Signed

5-3-23

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

Issuing State

GA

National Registry Number

0496810407

CMV DRIVER INFORMATION

Driver's Signature

Deri Nord

Driver's Address

210 NE 7th Ave

Driver's Lic. Number

D1656420933900

Issuing State/Province

FL

CLP/CDL Applicant/Holder

☒ Yes ☐ No

State

FL

Zip Code

33435City Boynton

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