OMB No. 2126-0026 Expiration Date: 10/31/2021

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

# Medical Examiner's Certificate

(for Commercial Motor Vehicle Certification)

I certify that I have examined Perez F. Alejandro (Driver's Name) and, 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
- [ ] 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)

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 Date: 1/8/22

Medical Examiner's Signature: LWZ Castillo

Medical Examiner's Telephone Number: 5055207720

Date Certificate Expires: 1/8/22

Medical Examiner's State License, Certificate, or Registration Number: CH49050

Issuing State: FL

National Registry Number: 1488831169

Driver's Signature:

Driver's Telephone Number: P621000091310

State/Province: FL

Driver's Address: 10765 SW 9th st Miami FL 33174 apt #4

CDL/CDL Applicant/Holder (X) Yes ( ) No

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