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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) Mogpete Valguon (first name) Jhonatan 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 (specify type): \_\_\_\_\_  
☐ Wearing hearing aid ☐ 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)

Medical Examiner's Certificate Expiration Date

9/30/24

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 INFORMATION**

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

DR. LAUREEN LONGO

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

38MC00746500

Medical Examiner's Telephone Number

551-253-7438

Date Certificate Signed

9/30/22

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

NJ

National Registry Number

3828314980

**CMV DRIVER INFORMATION**

Driver's Signature

[Signature]

Driver's Address

Street Address: 416 William St Apt 2 City: Harrison

Driver's License Number

M65524017902911

Issuing State/Province

NJ

CLP/CDL Applicant/Holder

☒ Yes ☐ No

State/Province: NJ

Zip Code: 07029