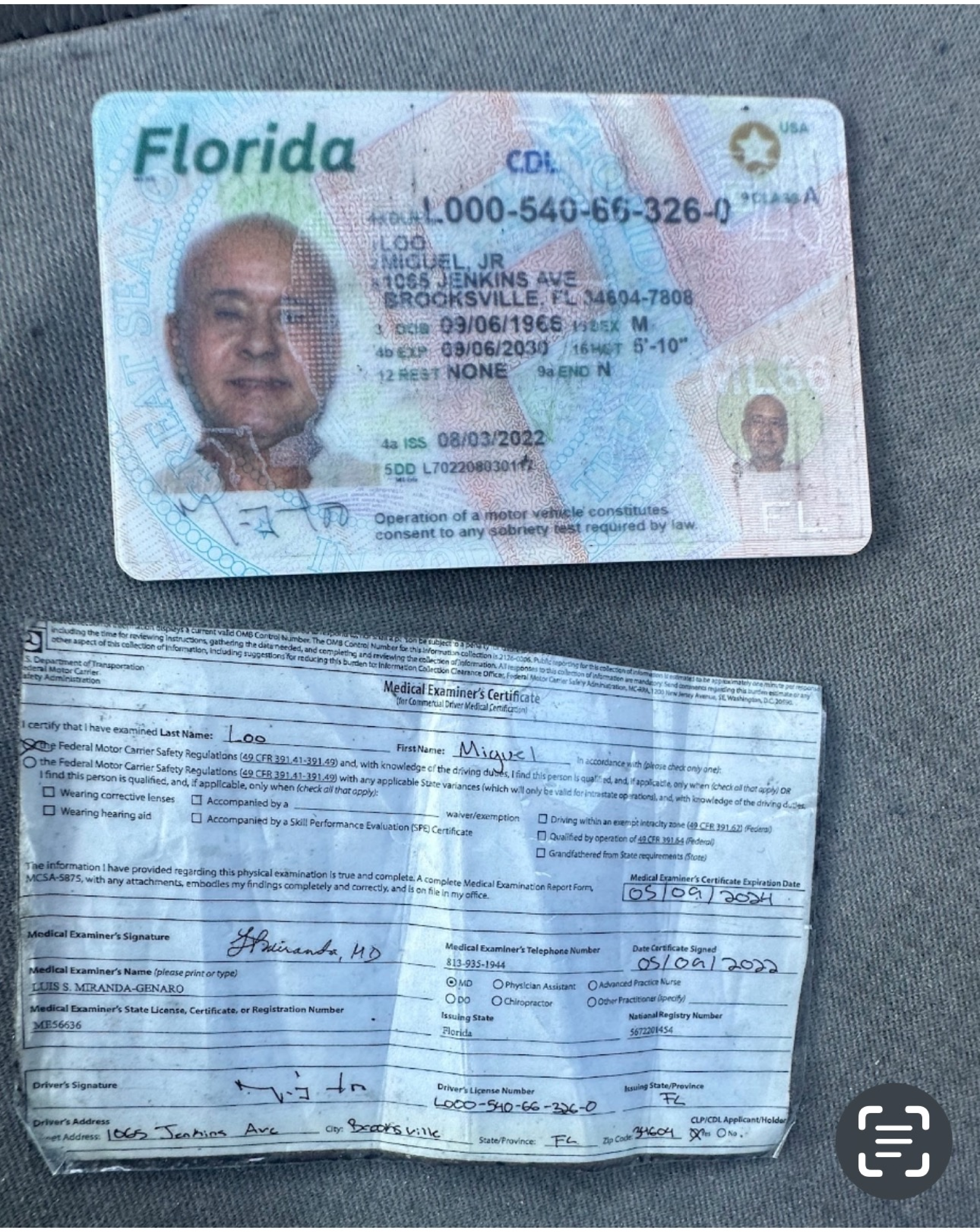
1:07 5G 30

December 4
8:03 AM

Edit



Florida

CDL

USA

4d DL L000-540-66-326-0 9 CLASS A

1 LOO
2 MIGUEL, JR
8 1065 JENKINS AVE
BROOKSVILLE, FL 34604-7808

3 DOB 09/06/1966 15 SEX M
4b EXP 09/06/2030 16 HGT 6'-10"
12 REST NONE 9a END N

4a ISS 08/03/2022
5DD L70220803017

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FL

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displays 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 one minute 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 this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

S. Department of Transportation
ederal Motor Carrier
afety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Loo First Name: Miguel 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
☐ 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 Certificate Expiration Date: 05/09/2024

Medical Examiner's Signature: L Miranda, MD

Medical Examiner's Telephone Number: 813-935-1944

Date Certificate Signed: 05/09/2022

Medical Examiner's Name (please print or type): LUIS S. MIRANDA-GENARO

● MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) ____________

Medical Examiner's State License, Certificate, or Registration Number: ME56636

Issuing State: Florida

National Registry Number: 5672201454

Driver's Signature:

Driver's License Number: L000-540-66-326-0

Issuing State/Province: FL

Driver's Address
Street Address: 1065 Jenkins Ave City: Brooksville State/Province: FL Zip Code: 34604

CLP/CDL Applicant/Holder ☒ Yes ○ No