Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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) Dawkins (first name) Corey in accordance with *(please check only*

◉ 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)*: Off

○ 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 bya waiver/exemption (specifytype): _____ ☐ 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)*

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: 04/25/2025

MEDICAL EXAMINER INFORMATIO

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*: Gordon, Andrew

Medical Examiner's Telephone Number: (305)770-4500

Date Certificate Signed: 04/25/2023

◉ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: ME122670

Issuing State: FL

National Registry Number: 4995784791

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: D252118812530

Issuing State/Province: FL

Driver's Address

Street Address: 1671 NW 153rd ST City: Miami State/Province: FL Zip Code: 33054

CLP/CDL Applicant/Holder ◉ Yes ○ No

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