

Public Burden Statement

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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: ESTREMERA First Name: MARIO 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

08/19/24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner Phone Number

Date Certificate Signed

4078591880

08/19/24

Medical Examiner's Name

REGINA L. BAYLA

Medical Examiner State Lic, Certificate, or Reg. Number

CH10003

☐ MD

☐ Physician Assistant

☐ Advanced Practical Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

FL

3110781031

CMV DRIVER INFORMATION

Driver's Signature

Driver's Lic. Number

Issuing State/Province

E230-540-78-1400

FL

Driver's Address

State

Zip Code

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Street 2532 Brookstone Dr City Kissimmee FL

34744