Form MCSA-5876

U.S. Department of Transportation Federal Motor Carrier Safety Administration	Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Garcia   **First Name:** Alexel in accordance with (please check one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person 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 be only 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) *(Federal)*

☐ Grandfathered from State requirement *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examiner's Report Form, MCSA-5875, with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
01/13/2024

Medical Examiner's Signature *(signature)*	**Medical Examiner's Telephone Number** 972-623-1111	**Date Certificate Signed** 01/13/2022
Medical Examiner's Name *(please print or type)* Derek Kent Lichota, MD	☑ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner:	
Medical Examiner's State License, Certificate, or Registration Number H4491	**Issuing State** TX	**National Registry Number** 3980888996
Driver's Signature *(signature)*	**Driver's License Number** 40635255	**Issuing State/Province** TX
Driver's Address Street Address: 2446 Rio Grande Dr City: Grand Prairie State/Province: TX Zip Code: 75052	**CLP/CDL Applicant/Holder** Yes ☒ No ○	