

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)

I certify that I have examined **Last Name:** de la cruz **First Name:** le may 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 ☐ 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

9/28/2024

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

305 696 0842

Date Certificate Signed

9/28/2022

Medical Examiner's Name (please print or type)

Yariel Zayas Moll

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

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

APRN 9373320

Issuing State

FL

National Registry Number

8982093022

Driver's Signature

[Signature]

Driver's License Number

D426530784530

Issuing State/Province

FL

Driver's Address

2553 W 76th St Apt 110 Hialeah FL 33016

Street Address:

City:

State/Province:

Zip Code:

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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