

Florida

CDL

USA



9 CLASS A

G614-200-72-290-0

1 GAROFALO
2 EDUARDO

815735 SW 82ND ST
MIAMI, FL 33193-5237

3 DOB 08/10/1972 13 SEX M
4b EXP 08/10/2026 16 HGT 5'-10"
12 REST NONE 9a END NA

4a ISS 07/16/2018

5DD T042110190144

REPLACED 10/19/2021

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



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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: GAROFALO First Name: EDUARDO in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.21, 391.23) 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 391.21, 391.23) 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 391.23) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.24 (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 08/08/2025

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number (305) 597-8707 Date Certificate Signed 08/08/2023

Medical Examiner's Name (please print or type) Maylin Moll Delgado ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number APRN 11024783 Issuing State FL National Registry Number 9043440272

Driver's Signature [Signature] Driver's License Number G614200722900 Issuing State/Province FL

Driver's Address Street Address: 15735 SW 82 ND ST City: MIAMI State/Province: FL Zip Code: 33193 CLP/CDL Applicant/Holder ☒ Yes ☐ No

ESCALERAS CONSULTING

The State
of Florida
retains all
property
rights herein.

081072

Rev.

03/01/2020

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01004822088
21288



CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 lbs. or more

REST: None

END: N-Tanker, A-MTRCL Also

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS
OF ADDRESS OR NAME CHANGE

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