Form MCSA-5876

Public Burden Statement

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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)* Ferreiro *(first name)* Alfredo 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption *(specify type)*: _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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 7-17-26

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature [signature]

Medical Examiner's Name *(please print or type)*: Armando Perez, MD

Medical Examiner's Telephone Number: 305-882-1100

Date Certificate Signed: 7-17-24

Medical Examiner's State License, Certificate, or Registration Number: ME-91655

Issuing State: FL

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

National Registry Number: 4272389252

CMV DRIVER INFORMATION

Driver's Signature [signature]

Driver's License Number: F666100082127 0

Issuing State/Province: FL

Driver's Address
Street Address: 70 W 68 St Hialeah

State/Province: FL

Postal Code: 33012

CLP/CDL Applicant/Holder
◉ Yes ○ No