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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: Moreno Jr First Name: Homero 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 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 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

10/26/2025

**Medical Examiner's Signature**

Theresa Rameden

**Medical Examiner's Telephone Number**

979-599-5900

**Date Certificate Signed**

10/26/2023

**Medical Examiner's Name (please print or type)**

Theresa Rameden, MD

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

H6197

**Issuing State**

TX

**National Registry Number**

3040069136

**Driver's Signature**

L. M.

**Driver's License Number**

14665824

**Issuing State/Province**

TX

**Driver's Address**

Street Address: 2949 Tehuacan Dr City: Eagle Pass State/Province: TX Zip Code: 78852

**CLP/CDL Applicant/Holder**

☒ Yes ☐ No

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