

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: Fach** **First Name: Kenny** 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 examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner

Medical Examiner Name (please print or type)

ANIA BENITEZ

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

ME 90842 FL

Signature of Driver

Medical Examiner's Telephone Number

(305) 558-3220

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

Issuing State

FLORIDA

National Registry Number

4590054559

Driver's License Number

F26250005147-0 FL

Issuing State/Province

Address (Street)

700 Glenn Pkwy

City:

Hollywood FL

State/Province:

Zip Code:

33021

CLP/CDL Applicant/Holder

☒ Yes ☐ No