

WA
USA **WASHINGTON**

COMMERCIAL
DRIVER LICENSE



38170984F0959

4d LIC# **CORDEJG21903**

1 **CORDERO**
2 **JUAN GABRIEL**

3 DOB **09-23-1979**

8 **9905 134TH ST E APT 11-208**
PUYALLUP WA 98373-2401

15 Sex **M** 16 Hgt **5-11**
17 Wgt **300** 18 Eyes **BRN**
9 Class **A** 9a End **NONE**
12 Restrictions **C**

DONOR

4a Iss **04-08-2017**



4b Exp **09-23-2022**

5 DD **CORDEJG2190338170984F0959**

Rev 09-16-2009

J Cordero

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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: Cordero** **First Name: Juan** 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):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

12/21/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Cari Cowin

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

AP60151757

Medical Examiner's Telephone Number

(509) 836-0075

Date Certificate Signed

12/21/2020

- | | | |
|--------------------------|---|--|
| <input type="radio"/> MD | <input type="radio"/> Physician Assistant | <input checked="" type="radio"/> Advanced Practice Nurse |
| <input type="radio"/> DO | <input type="radio"/> Chiropractor | <input type="radio"/> Other Practitioner (specify) _____ |

Issuing State

WA

National Registry Number

2076740690

Driver's Signature

Driver's License Number

CORDEJG21903

Issuing State/Province

WA

Driver's Address

Street Address: 5024 Garden Springs rd

City: Spokane

State/Province: WA

Zip Code: 99224

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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