

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

**Public Burden Statement**  
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I certify that I have examined **Last Name:** Valero **First Name:** David 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  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intrastate 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**

06/10/2023

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

Arman A Ghods

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

28627

**Medical Examiner's Telephone Number**

951-638-5517

**Date Certificate Signed**

06/10/2021

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

**Issuing State**

CA

**National Registry Number**

7855645511

**Driver's Signature****Driver's Address**Street Address: 19003 Lewiston AveCity: Saint AlbansState/Province: NYZip Code: 11412**CLP/CDL Applicant/Holder**  
☒ Yes ☐ No**Driver's License Number**

682743020

**Issuing State/Province**

NY

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