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

Signature of Medical Examiner

[Handwritten Signature]

Medical Examiner's Telephone Number
(305) 558-3220

Medical Examiner's Certificate Expiration Date

3/30/2024

Medical Examiner Name (please print or type)

ANNA BENITEZ

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

Date Certificate Signed
3/30/2022

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

ME 90842 FL

Issuing State

FLORIDA

National Registry Number

4590054559

Signature of Driver

[Handwritten Signature]

Driver's License Number

LS2120077425-0

Issuing State/Province

FL

Address of Driver

Street

1798 NW 14 ST

City

Alhambra

State/Province

FL

Zip Code

33125

Signature of Applicant/Holder

☒ Yes ☐ No