



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Public Burden Statement

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Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Diaz **First Name:** Jorge 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 intracity 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

10/19/2021

Medical Examiner's Signature

E. Tharey

Medical Examiner's Name (please print or type)

Elio Tharey

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

CO APP 0091934

Medical Examiner's Telephone Number

5154473582

Date Certificate Signed

10/19/2020

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

Issuing State

CO

National Registry Number

6042456431

Driver's Signature

Jorge Diaz

Driver's Address

Street Address: 1010 S Oneida St Apt 326 city: Denver

Driver's License Number

1SA106SID

Issuing State/Province

CO

CLP/CDL Applicant/Holder

State/Province: CO Zip Code: 80204 ☒ Yes ☐ No

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