A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RKA, 1200 New Jersey Avenue, SE, Washington, D.C., 20590.

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: Leal Garcia	First Name: Luciar	10 ir	n accordance with (please check	only one):	
the Federal Motor Carrier Safety	y Regulations (49 CER 391.41-391.49) and, w	th knowledge of the driving d	luties, I find this person is	qualified, and, if applicable, only	when (check all that apply) OR	
O the Federal Motor Carrier Safety	y Regulations (42 CER 39141-39149) with an	y applicable State variances (				
☐ Wearing corrective lenses ☐ Accompanied by a		waiver/ex	emption	within an exempt intracity zone	ithin an exempt intracity zone (49 CFR 391.62) (Federal)	
☐ Wearing hearing aid	☐ Accompanied by a Skill Performance Evaluation (SPE) Certific		☐ Qualified	d by operation of 49 CFR 391.64	y operation of 49 CFR 391.64 (Federal)	
			☐ Grandfat	☐ Grandfathered from State requirements (State)		
				Madical Caracia	ada Cartificata Symiration Data	
The information I have provided re	garding this physical examination is true an	d complete. A complete Medi	cal Examination Report Fo		er's Certificate Expiration Date	
The information I have provided regarding this physical examination is true and complete. A of MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on			INEMONDE			
to disulferentiate forms			N	Date Contifered	har Data Cartificate Signed	
Medical Examiner's Signature			Examiner's Telephone N			
	P .	(956) 3	322-5558	05/12/2023		
Medical Examiner's Name (please p	print or type)	OMD	O Physician Assistant	t O Advanced Practice Nurse		
Freddy Romero		Opo	Chiropractor	Other Practitioner (specify	)	
Medical Examiner's State License, Certificate, or Registration Number		Issuing St	tate	National Registry Number		
09290		TX		287326522	2873265229	
priver's Signature		Driver's L	icense Number	Issuing State/Province		
		023897	795	TX.		
		910001	××		CINCOL A - II Al-II	
river's Address	. ~		TV	70540.059	CLP/CDL Applicant/Holder	
reet Address: 3018 E Yvonn	e St City: Ed	linburg	State/Province: TX	Zip Code: 78542-953	Yes ONo	

<sup>\*\*</sup>This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*