

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**I certify that I have examined (last name) Riveros Lopez (first name) Luis

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 (specify type): _____
- ☐ 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)

Medical Examiner's Certificate Expiration Date

03-24-2025

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 INFORMATION

Medical Examiner's Signature

Curtis AndersonMedical Examiner's Name (please print or type)
CURTIS A. ANDERSON, DCMedical Examiner's State License, Certificate, or Registration Number
CH5554

Medical Examiner's Telephone Number

850-892-7432

Date Certificate Signed

03-24-2023

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

Issuing State
FLORIDANational Registry Number
3300551904**CMV DRIVER INFORMATION**

Driver's Signature

[Signature]

Driver's License Number

R162-525-66-341-0

Issuing State/Province

FL

Driver's Address

40 Eglin St Apt 6 Ft Walton Bch FL 32547CLP/CDL Applicant/Holder
☒ Yes ☐ No

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