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Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

The National Driver Register (NDR)

I certify that I have examined Last Name Guzman, Federico First Name _____

the Federal Motor Carrier Safety Regulations (49 CFR, 391.41, 391.43) and, with knowledge of the driving duties, find this person is qualified, and, if applicable, only when (check all that apply): **OR**

this person is qualified, and, if applicable, only when (check all that apply): **OR**

wearing corrective lenses accompanied by a _____ individual/organization

wearing hearing aid accompanied by a S&B Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (49 CFR, 391.63) Federal

Qualified by operation of 49 CFR, 391.64 Federal

Grandfathered from State requirements (17 USC)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, 1/24/24 Medical Examiner's Certificate Expiration Date

MCSA 587A, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature [Signature] Date Certificate Signed 1/24/22

Medical Examiner's Name (Print or Type) Tanya Kahl 7853218119

Medical Examiner's State License, Certificate, or Registration Number 78140

MD Physician Assistant Advanced Practice Nurse

DO Dispensary Other Practitioner (Specify)

Issuing State FL National Registry Number 23357602901

Driver's Signature [Signature] Driver's License Number 925520701400 FL Issuing State/Province FL

Driver's Address 2415 SE 21st Cr, Homestead FL 33085 CLP/CDL Applicant/Holder Yes No

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