



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

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

Public Burden Statement
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 collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. 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 Office, Federal Motor Carrier Safety Administration, MC-FRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.


I certify that I have examined **Last Name:** Sanchez **First Name:** Benny in accordance with (please check only one):

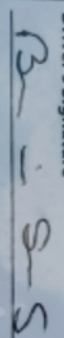
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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 ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

08/31/2023

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
	805-922-8282	08/31/2021
Medical Examiner's Name (please print or type)	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Paul R Young	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) <u> </u>	
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
G86142	CA	7381148642

Driver's Signature	Driver's License Number	Issuing State/Province
	A8470476	CA
Driver's Address	State/Province:	Zip Code:
515 E Riddering St	CA	93455
Street Address:	City:	CLP/CDL Applicant/Holder
	Sanita Maria	<input checked="" type="radio"/> Yes <input type="radio"/> No

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.