GMS Nr. 2136-0006 Explication Data 8/31/2018	ofiniomation subject to the requirements of the Paserwork Factorism Act union specification of information is estimated to be approximately 1 who to per respect formation are marketony. Send communicationally this business relatives or any observation, MC-PRA, 1200 New Jensy Avenue, SE, Wathington, CLC 20590.		in accordance with (olease check only one): ties, I find this person is qualified, and, if applicable, only when 'check oil ther apply) OR nich will only be valid for intrastate operations), and, with knowledge of the driving duties, inch will only be valid for intrastate operations), and, with knowledge of the driving duties.  Onlying within an exempt intracity zone (49 CER 391.62) (Federal)  Grancfathered from State requirements (State)	Medical Examiner's Certificate Expiration Date	nbor Date Certificate Signed ()7-12-16	O Advanced Practice Nurse O Other Practitioner (specify)	National Registry Number  SB19111720	Issuing State/Province
	The shall appearan by subject to a penalty for faster to camply with a collection of Number for this information collection is 2125-6000, Public responding for this and reviewing the collection of information. At responder to this collection of information Collection Character Others, Federal Moner Conice Safety Administration of the Community Administration of the Community Public Conference of the Conice Safety Administration of the Community Public Conference of the Conice Safety Administration of the Conice Safety Administra		First Name: XCALVIVO in accordance with (obase check only one): with knowledge of the driving duties, I find this person is qualified, and, if applicable, any applicable State variances (which will only be valid for introstate operations), and ply:  walvet/exemption	nd complete. A complete Medical Examination Report Form, rectly, and is on file in my office.	Medical Examiner's Telephone Number 713-643-6737	O MD O Physician Assistant O DO O Calopractor	Issuing State Texas	S5870498
	On the control of the poster and a person is not required to respond to the shall a person be subject to a person of fallows to comply with a collection of information subject to the poster to comply with a collection of information subject to the comply with a collection of information subject to the approach of the collection of information as the collection of information as the collection of information as the collection of information of information of information as the collection of information of inform	nSc	certify that I have examined Last Names (CLE 2014) (First Name) (CLE 2014) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check oil that apply) OR the Federal Motor Carrier Safety Regulations (49.013.391.413.391.43) with any applicable of the driving duties, I find this person is qualified, and, if applicable, only when (check oil that apply) 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 oil that apply).  Wearing corrective lenses (Accompanied by a Skill Performance Evaluation (SPS) Certificate (Qualified by operation of 49.018.391.64) (Februal).  Grandsthered 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 enabodies my findings completely and correctly, and is on file in try office.	Medical Examiner's Signature	Medical Examiner's Name (please print of 19pc) Dr. Jesüs E. Gorcio, D.C.	idedical Examiner's State License, Certificate, or Registration Number Texas Board of Chiropractic Examiners #4059	Driver's Signature

CLP/COL Applicant/Holder

State/Province: TX To Code: 77642 & Yes O No

Street Address: 10881

**Driver's Address**