

### Driver License Check

As of Aug 22, 2017, at 3:04 PM driver license number **V221-960-84-388-0 IS EXPIRED.**

This license is a Class A. Restrictions are (NONE ON RECORD). Endorsements are (NONE ON RECORD). Motorcycle endorsements are (NONE ON RECORD).

Expiration Date was **Jan 5, 2017.**

You Must Apply in Person at an office and present proof of legal presence to receive a driver license or identification card.

Commercial Driver Licenses (CDL) must be renewed in person at an office. When renewing or upgrading a FL CDL you must certify whether your commercial motor vehicle (CMV) operation is in a "category" that requires you to carry medical certification. A Department of Transportation (DOT) medical exam certification is required at the time of making the application if you certify that you are required to carry the medical card. Click [here](#) for more information regarding certifications. Please visit [GatherGoGet.com](#) before your visit. If you no longer drive commercial vehicles and want to downgrade to a Class E, you must do so at any office. We will keep your CDL exam results on file in case you decide to upgrade to a CDL in the future. If you will be renewing a hazardous materials endorsement, read more [here](#).

You are not eligible for Driving School Election. Information regarding Driving School Election can be found at the [HSMV Home Page - Driver License - Driving Courses](#).

**Your Personal Information in Florida motor vehicle and driver records is blocked in accordance with the [Driver Privacy Protection Act](#).**

Your Social Security Number has been verified. Thank you.

[Would you like to look up another record?](#)



FLORIDA  
HIGHWAY

Driver License - Customer -

649-F (6045)

# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

## 1. DRIVER'S INFORMATION

Driver completes this section

Driver's Name (Last, First, Middle) <b>VAZQUEZ YAINER</b>	Social Security No.	Birthdate <b>10/28/84</b> M/D/Y	Age <b>30</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	New Certification <input checked="" type="checkbox"/> Recertification Follow-up	Date of Exam <b>30/4/15</b>
Address <b>7012W 17TH CT</b>	City, State, Zip Code <b>MIAMI FL 33014</b>	Work Tel: ( )	Driver License No. <b>V221-80-84</b>	License Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue <b>FL</b>	
Home Tel: <b>609835077</b>		388-0				

## 2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any illness or injury in the last 5 years?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head/Brain injuries, disorders or illnesses
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	medication
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ear disorders, loss of hearing or balance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease or heart attack; other cardiovascular condition
<input type="checkbox"/>	<input type="checkbox"/>	medication
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High blood pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Muscular disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shortness of breath

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease, dialysis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Digestive problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes or elevated blood sugar controlled by:
<input type="checkbox"/>	<input type="checkbox"/>	diet
<input type="checkbox"/>	<input type="checkbox"/>	pills
<input type="checkbox"/>	<input type="checkbox"/>	insulin
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nervous or psychiatric disorders, e.g., severe depression
<input type="checkbox"/>	<input checked="" type="checkbox"/>	medication
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loss of, or altered consciousness

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke or paralysis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Misling or impaired hand, arm, foot, leg, finger, toe
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature

*Yainer*

Date

**4/30/15**

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

## Waiver Issuance - Customer Receipt

**YAINER VAZQUEZ VEGA**

**Driver License:** V221-960-84-388-0 DL State of FL  
Record:

**Mailing**

**Address:** HIALEAH, FL 33014

**Waiver Number:** 3,141,538

**Tester:** 3645 JESUS ACHON

**TPA ID:** AE4 KEY POWER DRIVING AND TRAFFIC SCHOOL, INC.

**Test Site:** 2 MIAMI

**Issue Date:** Apr 28, 2015

**CDL Questions**

**Delap FRTP**

Test Description:	Result:	Test Date:	Vehicle Class:	Airbrakes?	Passenger?	School Bus?	Tractor Trailer?	Vehicle Adaptive Equip.?	3-Wheel Only?	Motorcycle Used:
CDL INSPECTION	FAIL	04/28/15	A	Y	N	N	Y			
CDL BASIC CONTROL	PASS	04/28/15	A	Y	N	N	Y			