

Public Burden Statement

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

Medical Examiner's Certificate

(for Commercial Drive Medical Certification)

I certify that I have examined Last Name: SOBRINO MONTERO First Name: HECTOR 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): On
☐ 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 intracity zone (49 CFR 391.62) (check only)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (check only)
☐ 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

3/6/2019

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>713-675-4777</u>	Date Certificate Signed <u>3/6/2017</u>
Medical Examiner's Name (please print full name) <u>Kalpita Shah</u>	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify): _____	
Medical Examiner's State License, Certificate, or Registration Number <u>PA02850</u>	Issuing State <u>TX</u>	National Registry Number <u>4080193999</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>26497064</u>	Issuing State/Province <u>TX</u>
Driver's Address <u>12730 LABELLE LN</u>	City: <u>HOUSTON</u>	State/Province: <u>TX</u> Zip Code: <u>77056</u>
CLP/CDL Applicant/Holder Yes <input type="radio"/> No <input type="radio"/>		

Texas

COMMERCIAL DRIVER LICENSE

USA
TX



4a CDL 26497064 9 Class A
 4a Iss 03/07/2017 4b Exp 02/14/2018
 3 DOB 02/14/1973
 1 SOBRINO MONTERO
 2 HECTOR
 8 12730 LABELLE LN
HOUSTON TX 77015-0000
 12 Restrictions NONE 9a End T
 16 Hgt 5'-06" 15 Sex M 18 Eyes BRO 6 DD 12212770134027167695



