

Public Burden Statement

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

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

I certify that I have examined **Last Name: Mendez** **First Name: Oscar** 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 intracity 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 **Armando Perez, MD** **Suite 217** **Miami, FL, 33176/ 305-418-9262** is a complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and is on file in my office.

Medical Examiner's Certificate Expiration Date

12-23-2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Driver's Signature

Driver's Address

Street Address: **4501 SW 148th Ave** City: **Miami**

Medical Examiner's Telephone Number

Date Certificate Signed

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

Driver's License Number

Issuing State/Province

MS 33-640-73-393-0**FL**CLP/CDL Applicant/Holder
☒ Yes ☐ No

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