

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:** Alvarado Martinez **First Name:** Josue 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 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
08/13/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(425)774-8758

Date Certificate Signed

08/13/2024

Medical Examiner's Name *(please print or type)*

Guo, Jin

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

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

PA10004502

Issuing State

WA

National Registry Number

4441932058

Driver's Signature

Driver's License Number

[REDACTED]

Issuing State/Province

WA

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 15001 35th Ave W Apt 13-103 City: Lynnwood State/Province: WA Zip Code: 98087- Yes No