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

OMB No. 2126-0006 Expiration Date: 11/20/2021

I certify that I have examined Last Name: Portillo

First Name: Austreberto

- ☒ 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):
- ☐ Wearing corrective lenses
 - ☐ Accompanied by a
 - ☐ Wearing hearing aid

waiver/exemption

- ☐ Driving within an exempt intrastate zone (49 CFR 391.63) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ 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
6-28-2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

R. Kaufman APN

Medical Examiner's Telephone Number
(915) 778-9811

Date Certificate Signed
JUN 28 2021

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

522054

- ☐ MD ☐ Physician Assistant
- ☐ DO ☐ Chiropractor
- ☐ Other Practitioner (specify) _____

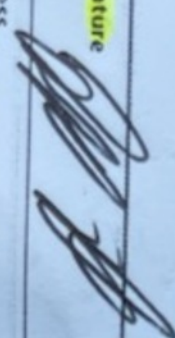
Issuing State

TX

National Registry Number

4485582718

Driver's Signature



Driver's Address

Street Address: 3561 Whitetail Deer Dr. City: El Paso

State/Province: TX

Zip Code: 79938 Yes ☒ No ☐

Driver's License Number
15375837

Issuing State/Province
TX

CLP/COL Applicant/Holder

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