



Request for Re-Examination

Agency/Individual Requesting Re-Examination (please check one):

- Law Enforcement, Badge #
State Agency
Other

Please specify the law enforcement agency, state agency or other facility completing this request:

I believe the following driver should be re-examined:

NAME
ADDRESS
SSN
DOB
DRIVER'S LICENSE NUMBER

This driver's difficulties were brought to my attention because:

- The driver was involved in an accident.
The driver committed a traffic violation.
Other (please explain)

I have observed the following:

- The driver appears to have a physical disability and/or illness, which appears to affect his/her ability to drive safely.
The driver appears to have a mental or psychiatric disorder, which interferes with his/her ability to drive safely.
The driver has had a lapse of consciousness, dizziness, fainting spell, or a seizure due to injury or illness.
Other (please explain)

Please describe the incident; explain the driver's impairment and how it affects his or her driving ability (please attach additional sheets as necessary).

Description of incident area

Date of Incident

Name (please print)

Signature

Date Telephone Number