



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).

Date of Incident: _____

Name (please print): _____

Signature: _____

Date: _____ Telephone Number: _____