

REQUEST FOR DRIVER REEXAMINATION

INSTRUCTIONS:

- Complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate a driver's ability to drive safely.
 Sign this request in the signature block provided. You may request that your name not be revealed to the individual being reported. Confidentiality will be honored to the fullest extent possible.
- 3. Take your completed request to any DMV office or mail to: DMV, Driver Safety Office (see addresses on the next page for your local office.)

Note: All fields	marked with	an asterisk	(*)	are required.

NAME OF PERSON BEING REPORTED (FIRST, M.I., LAST)*	DATE OF BIRTH OR APPROXIMATE AGE*	TELEPHONE NUMBER		
DRIVER LICENSE NUMBER	VEHICLE LICENSE PLATE NUMBER, IF AVAILABLE			
STREET ADDRESS*	CITY* ST/	ATE* ZIP CODE*		
DRIVER CONDITION—Check all appropriate boxes below. Pl	ease use the space below to provid	le specific details, if known,		
about the driver's medical (physical or mental) condition su	ch as name of disease or illness, a	any medications taken, etc.		
Medical Condition	Confused/Disoriented			
Physical Condition	Alcohol/Drug Use (Describe below)			
Mental/Emotional Condition	Blackouts, Seizures, Fainting Spells			
Vision Condition	Needs help with daily activities (i.e., cooking, dressing, bathing,			
Weakness or Coordination Problems	balancing checkbook)			
Difficulty Walking	Other:			
		loo open helew if needed		
DRIVER BEHAVIOR—Check appropriate boxes for driving for additional comments.)	problems you have observed: (Jse space below il needed		
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Does not see or react to other cars, pedestrians, etc.	Turns in front of on-coming cars			
Drives in wrong lane	Allows car to drift in and out of lane			
Drives on wrong side of the road	Backs up or changes lanes without looking back or checking mirrors			
Acts violent or aggressive when driving	Applies brake and gas pedals	at the same time		
Drives too slow, or stops, for no reason				
Has trouble steering, braking, or otherwise controlling car	Slow reactions that may be cau Drives on sidewalk	ised by medications of drugs		
Is confused by traffic		talking to passangers		
Gets lost or confused while driving near home	Makes driving mistakes while talking to passengers			
Fails to react to traffic signals, other cars, pedestrians, etc.	Falls asleep while driving			
 Makes turns from wrong lane You may use the space below to further describe the driver's 	Other actions (Describe below	, 		
Relative Friend Caregiver Vision Specialist	Court/Code	Other:		
Check here if you would like to have your name kept confide Unsigned reports will not be considered.	ntial. Confidentiality will be honored	to the fullest extent possible.		
NAME (Please print) *	DA	YTIME TELEPHONE NUMBER		
	()		
YOUR MAILING ADDRESS (City, State, Zip Code) *				
SIGNATURE*	DA	TE*		
X				
YOU MAY MAIL OR TAKE THIS COMPLETED FORM TO Y	OUR LOCAL DRIVER SAFETY O	FFICE AT ONE OF THESE		
LOCATIONS: Rekarafield 5900 District Divid. Sta. 100 D. Dekarafield 02212	Ownerd 2051 N. Seler Dr. Sto. 10	00 Overand 02026 2650		
Bakersfield , 5800 District Blvd., Ste. 100-B, Bakersfield, 93313 City of Commerce , 5801 E. Slauson Ave., Ste. 250	Redding, 2650 Churn Creek Rd., St			
Commerce, 90040-3050	Sacramento, 4700 Broadway, 2nd F	-		
City of Orange, 790 The City Dr., Ste. 420	San Bernardino, 1845 Business (
Orange, 92868-4941	San Bernardino, 1845 Business (
Covina, 1365 N. Grand Ave., Ste. 101, Covina, 91724-4048	San Diego, 1455 Frazee Rd., Ste.			
El Segundo, 390 N. Sepulveda Blvd. Ste. 2075,	San Francisco, 1377 Fell St., 2nd Flo	-		
El Segundo, 90245-4470	San Jose, 90 Great Oaks Blvd., Ste			
Fresno, 2510 S. East Ave., Ste. 310, Fresno, 93706-5112	Stockton, 710 N. American St., S			
Oakland, 7677 Oakport St., Ste. 220, Oakland, 94621-1906	Van Nuys, 6150 Van Nuys Blvd., Ste			