STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

REQUEST FOR DRIVER REEXAMINATION

INSTRUCTIONS:

1. Complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate a driver's ability to drive safely.
2. 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. Email or mail your completed forms to the DMV Driver Safety (see addresses on the next page).

   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* STATE*	ZIP CODE*

DRIVER CONDITION—*Check all appropriate boxes below. Please use the space below to provide specific details, if known, about the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.*

- ☐ Medical Condition
- ☐ Physical Condition
- ☐ Mental/Emotional Condition
- ☐ Vision Condition
- ☐ Weakness or Coordination Problems
- ☐ Difficulty Walking
- ☐ Confused/Disoriented
- ☐ Alcohol/Drug Use (Describe below)
- ☐ Blackouts, Seizures, Fainting Spells
- ☐ Needs help with daily activities (i.e., cooking, dressing, bathing, balancing checkbook)
- ☐ Other: dbzcvbzvbzcvb

DRIVER BEHAVIOR—*Check appropriate boxes for driving problems you have observed: (Use space below if needed for additional comments.)*

- ☐ Does not see or react to other cars, pedestrians, etc.
- ☐ Drives in wrong lane
- ☐ Drives on wrong side of the road
- ☐ Acts violent or aggressive when driving
- ☐ Drives too slow, or stops, for no reason
- ☐ Has trouble steering, braking, or otherwise controlling car
- ☐ Is confused by traffic
- ☐ Gets lost or confused while driving near home
- ☐ Fails to react to traffic signals, other cars, pedestrians, etc.
- ☐ Makes turns from wrong lane
- ☐ Turns in front of on-coming cars
- ☐ Allows car to drift in and out of lane
- ☐ Backs up or changes lanes without looking back or checking mirrors
- ☐ Applies brake and gas pedals at the same time
- ☐ Slow reactions that may be caused by medications or drugs
- ☐ Drives on sidewalk
- ☐ Makes driving mistakes while talking to passengers
- ☐ Falls asleep while driving
- ☐ Other actions (Describe below)

You may use the space below to further describe the driver's condition(s) or action(s) which lead you to believe this driver should be reevaluated by DMV.

Please continue on the next page.

RELATIONSHIP TO PERSON BEING REPORTED

☐ Relative ☐ Friend ☐ Caregiver ☐ Vision Specialist ☐ Court/Code_____ ☐ Other:_____

☐ Check here if you would like to have your name kept confidential. Confidentiality will be honored to the fullest extent possible. Unsigned reports will not be considered.

NAME *(PLEASE PRINT)**	DAYTIME TELEPHONE NUMBER
	( )

MAILING ADDRESS *(CITY, STATE, ZIP CODE)**

SIGNATURE *	DATE *
X	

You may submit this form by:

EMAIL: **DMVLADDSOffice@dmv.ca.gov**

-OR-

MAIL: **Northern California (North of Fresno County)**
Sacramento Driver Safety
4700 Broadway, 2nd Floor
Sacramento, CA 95820-1501

Southern California (South of Fresno County)
El Segundo Driver Safety
390 N. Pacific Coast Highway, Ste. 2075
El Segundo, CA 90245-4470

Print Clear Form