

# REQUEST FOR DRIVER EVALUATION

## Michigan Department of State Traffic Safety Division

P.O. Box 30810, Lansing, Michigan 48909-9832

Email: [medicalforms@Michigan.gov](mailto:medicalforms@Michigan.gov)

Phone: 517-335-7051 Fax: 517-335-2189

As provided by Section 257.320 of the Michigan Vehicle Code, the Department of State may conduct a reexamination of a person if there is reason to believe that the person is incompetent to drive a motor vehicle or is afflicted with a mental or physical infirmity or disability rendering it unsafe for that person to drive a motor vehicle. Please provide a description of a medical episode, incident, pattern of behavior or other evidence that you believe justifies an evaluation of an individual as it relates to their ability to drive safely. **All sections of this form must be completed.**

### Section 1: Driver's Information

Today's Date:	Driver's Full Name (as it appears on license if known)	Driver's License Number (if known):	Date of Birth:
Street Address:	City:	State:	ZIP Code

### Section 2: Why the Driver Should be Evaluated

Explain why this driver should be scheduled for an evaluation. **The Department of State cannot process a request for an evaluation unless specific information is provided indicating that an unsafe driving condition may exist.** Additional space is provided on the back of this form and additional documents may be attached.

### Section 3: Requestor's Information

**This section must be completed and signed or the request will not be processed.** The Department does not accept anonymous requests. Requests by private citizens will be kept confidential to the extent permitted by Michigan and Federal law.

Requestor's Name	Agency name, if applicable:		
Street Address:	City:	State:	ZIP Code:
Telephone Number:	Date:		
I certify that the information provided in this request is true to the best of my knowledge and belief.			
Requestor's Signature:			

## Section 2: Why the Driver Should be Evaluated (continued)

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Please attach a copy of any related information. The completed document(s) may be emailed, mailed or faxed to:

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Traffic Safety Division  
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Lansing, Michigan 48909-9832  
Email: [medicalforms@Michigan.gov](mailto:medicalforms@Michigan.gov)  
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888-SOS-MICH (888-767-6424)  
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