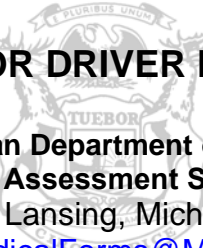


REQUEST FOR DRIVER EVALUATION


Michigan Department of State
Driver Assessment Section
P.O. Box 30810, Lansing, Michigan 48909-9832
Email: 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. WARNING: Submitting false information regarding a person may result in civil or criminal penalties.**

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)

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

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Fax: 517-335-2189

888-SOS-MICH (888-767-6424)
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