Delaware Division of Motor Vehicles

Amy Anthony - **Director**
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(302) 744-2500
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303 Transportation Circle
Dover, DE 19901

DRIVER RE-EXAMINATION REQUEST
LICENSED PRACTITIONER OR IMMEDIATE FAMILY MEMBER

Name: _____ Date of Birth: _____
Last First MI

Address: _____ License Number: _____

City: _____ State: _____ Zip: _____

Pursuant to Title 21 Del. C. §2714 (c), it is requested that the individual listed above be re-examined for their ability to safely operate a motor vehicle on the highways in this State.

Reason for request: (Please give detailed specific information.)

_____
_____
_____
_____
_____
_____
_____
_____

(By law the information below is confidential and will not be disclosed unless under court order.)

Reporting Person's Name: (Please print) _____

Reporting Person's Signature: _____

Relationship to Person Being Reported: _____
(Must be licensed practitioner or immediate family member)

Phone Number Where You Can Be Contacted if Needed: _____

DMV MEDICAL SECTION CONTACT INFORMATION

If you have questions or need more information to complete this form, please call the DMV Medical Section at (302) 744-2507, or you may email the DMV Medical Section at dmvmedicalsection@delaware.gov

MAIL:	FAX OR EMAIL:
DMV MEDICAL SECTION P.O. BOX 698 DOVER, DE 19903-0698	(302) 739-5667 DMVMEDICALSECTION@DELAWARE.GOV