



DRIVER RE-EXAMINATION REQUEST

TO: DIVISION OF MOTOR VEHICLES Phone: 302-744-2507
DRIVER IMPROVEMENT UNIT Fax: 302-739-5667
PO BOX 698
Dover, DE 19903-0698 Email:dmvmedicalsection@delaware.gov

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

Name: _____ Date of Birth: _____
Last First Middle
Address: _____ License Number: _____
City: _____ State: _____ Zip: _____

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

Was individual treated at a medical facility? Yes No

If Yes, Where: _____

Requested by: _____
Officer IBM Number Date

Signature of Reporting Officer Signature of Troop Commander or Police Chief IBM Number

BOTH SIGNATURES ARE REQUIRED FOR PROCESSING