

## **DRIVER RE-EXAMINATION REQUEST**

TO:	DIVISION OF MOTOR VEHICLES DRIVER IMPROVEMENT UNIT			Phone: 302-744-2507		
	PO BOX 698 DOVER, DE 1990			Fax:	302-739-5667	
Pursu	ant to T. 21 Del. C.	§2714 (b), it is	requested that the	e indivic	lual listed below be	re-examined for their
ability	to safely operate a	motor vehicle	on the highways o	of this S	tate.	
Name	me: Last First Middle			Date of Birth:		
	Last First			License Number:		
						Zip:
						<b>_</b> .p
Reas	on for request: (P	lease give de	stalled specific in	normati	ion.)	
Was	individual treated a	at a medical f	acility? 🗌 Yes		0	
If Yes	s, Where:					
Requ	ested by:					
	Officer			IBM N	umber	Date
Signat	ture of Reporting Offic	er	Signa	ture of T	roop Commander or P	olice Chief
	ВОТ	H SIGNATU	RES ARE REQU	JIRED	FOR PROCESSIN	G

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