



Recommendation for Re-Examination

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

In accordance with MCA 61-5-207 and ARM 23.3.410, an individual may recommend a driver for re-examination. The individual making the recommendation for re-exam must complete all required portions of this form. **Required portions are denoted with an asterisk (*)**. Submit the form to the Motor Vehicle Division at the address above. Use a separate piece of paper for any additional remarks and/or information.

Driver Recommended for Re-examination

The information below is essential to correctly identify the driver you are recommending for re-examination.

*Full Name (please print) _____ Date of Birth _____
*Address _____
*City _____ *State _____ Zip code _____
Driver License Number _____ Telephone Number _____

Information About the Event

Describe the reason(s) you are requesting a driver license re-examination for the above-named individual.

*This event was brought to my attention in the following manner: _____

This person should be re-examined for: Medical impairment Driving ability
 Vision Other

Explain your selection in detail: _____

*I observed: (If you did not observe any of the following, explain the reason for your recommendation)

Date _____ Time _____ AM PM
Driving Conditions _____
Driving Behavior _____
 Accident Near Accident Traffic Violation (specify) _____
Name(s) of witness(es) who can substantiate your observations _____

Information About You

You may be contacted by the Montana Motor Vehicle Division.

*Full Name (please print) _____ *Title/Position _____
*Address _____
*Contact Telephone Number _____ Home Work Cell
E-mail address _____ *Relationship to Driver _____
*Signature _____ *Date _____

The information contained within this document may be subject to investigation. Relevant information, including a copy of this form, may be released upon request to the driver or to his/her legal representative.