



Central Services Division
 Driver's License Assessment Team
 555 Wright Way
 Carson City, NV 89711
 Las Vegas (702) 486-4368 Option 1, 2
 Reno/Carson City (775) 684-4364 Option 2
 Fax: (775) 684-4829
dmv.nv.gov

REQUEST FOR RE-EVALUATION

This form must be accompanied by an affidavit from a physician indicating that the physician agrees the driver designated below should be re-examined to determine whether or not they could safely operate a motor vehicle.

I believe the following driver should be re-examined:

NAME: _____
 ADDRESS: _____
 SSN: _____
 DOB: _____
 DRIVERS LICENSE NUMBER: _____

This driver's difficulties were brought to my attention because:

- The driver was involved in an accident.
- The driver committed a traffic violation.
- Other (please explain).

Please describe in detail the nature of the disability and how it impairs this person's ability to drive safely. Describe the incident and list the names of any witnesses. In addition, please indicate the date of the occurrence. If additional space is needed, please attach another sheet of paper.

I hereby certify all statements on this affidavit are true and correct to the best of my knowledge. I agree and understand that if an administrative hearing is held based on my request for re-examination of this driver, I may be required to appear and testify.

Name (please print): _____
 Signature: _____ Driver's License Number: _____
 Relationship to Driver: _____ Telephone Number: _____
 Address: _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary Public or
 DMV Representative _____