



Central Services Division  
 License Review  
 555 Wright Way  
 Carson City, NV 89711  
 Reno/Sparks/Carson City (775) 684-4DMV (4368)  
 Las Vegas Area (702) 486-4DMV (4368)  
 Rural Nevada or Outside Nevada (877) 368-7828  
 Fax: (775) 684-4829  
[www.dmvnv.com](http://www.dmvnv.com)

## Request for Re-Examination

**Agency/Individual Requesting Re-Examination (please check one):**

- Law Enforcement, Badge # \_\_\_\_\_
  State Agency
  Other

*Please specify the law enforcement agency, state agency or other facility completing this request:*

**I believe the following driver should be re-examined:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 SSN \_\_\_\_\_  
 DOB \_\_\_\_\_  
 DRIVER'S 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)

\_\_\_\_\_

\_\_\_\_\_

**I have observed the following:**

- The driver appears to have a physical disability and/or illness, which appears to affect his/her ability to drive safely.  
 The driver appears to have a mental or psychiatric disorder, which interferes with his/her ability to drive safely.  
 The driver has had a lapse of consciousness, dizziness, fainting spell, or a seizure due to injury or illness.  
 Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

**Please describe the incident; explain the driver's impairment and how it affects his or her driving ability (please attach additional sheets as necessary).**

\_\_\_\_\_

\_\_\_\_\_

Date of Incident \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_