



STATE OF MICHIGAN  
 RUTH JOHNSON, SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 LANSING

**REQUEST FOR DRIVER EVALUATION**

As provided by Section 257.320 of the Michigan Vehicle Code, the Department of State may schedule a driver assessment reexamination on a driver based on evidence of physical infirmities or disabilities, vision deficiencies, convulsive seizures, blackouts, episodes, or for other reasons that may affect the person's ability to operate a motor vehicle safely. Please provide a description of an incident or pattern of behavior, or other evidence which you believe justifies an evaluation. **All sections of this form must be completed.**

**(SECTION 1)**

INFORMATION ABOUT THE DRIVER:  
 (Please print or type all information.)

Today's Date:	Driver's Full Name: (As it appears on license)	Driver License Number:	Date of Birth:
Street Address:	City:	State:	Zip Code

**(SECTION 2)**

Explain why this driver should be scheduled for an evaluation. Please be specific. (Additional space is provided on the back of this form.)

**(SECTION 3)**

REQUESTER INFORMATION:

**This section must be completed and signed or the request will not be processed.** The Department does not accept anonymous requests. Requests by private citizens to remain confidential will be respected to the extent permitted by Michigan and Federal law.

**YOUR SIGNATURE IS REQUIRED TO PROCESS THIS REQUEST.** (Please print or type other information.)

Requester's Name and Agency: (If applicable)			
Street Address:	City:	State:	Zip Code:
Telephone Number:	Requester's Signature:		Date:

SECTION 2 (Continued):

Additional Information:

Please attach a copy of any related report(s). The completed form may be mailed or faxed:

Michigan Department of State  
Traffic Safety Division  
P.O. Box 30196  
Lansing, Michigan 48909-7696

Telephone: 1-888-SOS-MICH (1-888-767-6424)  
Fax: (517) 335-2190  
[www.michigan.gov/sos](http://www.michigan.gov/sos)