



# Recommendation for Re-Examination

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

In accordance with § 61-5-207, MCA 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.