



# 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.

Montana state and county authorities reserve the right to reject any form that has been altered.

This form can be made available in alternate formats for people with disabilities.