

**STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES**

Anchorage Driver Licensing  
1300 W Benson Blvd., Ste 100 Anchorage, AK 99503-3689

**RECOMMENDATION FOR RE-EXAMINATION**

**INSTRUCTIONS:**

1. Complete this form to request the Division of Motor Vehicles (DMV) to re-evaluate a person's ability to drive.
2. Sign this request in the signature block provided. **Anonymous requests will not be considered.**
3. Submit the completed form to any DMV office or mail it to the address shown above.

Name of Person to be Re-evaluated:		Driver License Number:	Date of Birth:
Street Address:	City:	State:	Zip Code:

In accordance with AS 28.15.091 and 2 AAC 90.450, DMV may only require re-examination when there is good cause to believe that the driver is incompetent or not qualified to be licensed. For DMV to properly consider your request, you must describe in the space below *specific* observations, events, and incidents that caused you to question the driver's qualifications. You must also explain why you have selected specific tests or examinations. The DMV retains the sole discretion to determine what kind of tests or examinations, if any, should be required.

**REQUESTS BASED ONLY ON AGE AND/OR GENERAL HEALTH WILL NOT BE CONSIDERED.**

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**If additional space is needed, please use the back of this form.**

I request the driver be examined by DMV by the following method(s):

Written test       Road test       Vision test      Other: \_\_\_\_\_

I request the driver be examined by a physician for:

Visual acuity       Physical impairment       Neurological evaluation       Cognitive/Reflective abilities  
 Overall health       Mental evaluation       Other: \_\_\_\_\_

Your relationship to person:

Court       DMV Employee       Friend       Insurance Company  
 Physician       Police       Relative       State Trooper  
 Other: \_\_\_\_\_

Check here if you want your name kept confidential. If the person requests a hearing or files a lawsuit against DMV, the DMV may be unable to keep your request confidential.

Name: (Please print):		Telephone Number:	
		(    )	
Your Mailing Address:	City:	State:	Zip:
Signature:		Date:	