



Amy Anthony - **Director**  
Karen Carson - **Deputy Director**

☎ (302) 744-2500  
✉ dmvcustomerservice@delaware.gov  
📍 303 Transportation Circle  
Dover, DE 19901

## DRIVER RE-EXAMINATION REQUEST FOR LAW ENFORCEMENT

TO: DIVISION OF MOTOR VEHICLES Phone: 302-744-2507  
DRIVER IMPROVEMENT UNIT Fax: 302-739-5667  
PO BOX 698  
Dover, DE 19903-0698 Email:dmvmedicalsection@delaware.gov

**Pursuant to Title 21 Del. C. §2714 (b), it is requested that the individual listed below be re-examined for their ability to safely operate a motor vehicle on the highways of this State.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ License Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for request: (Please give detailed specific information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was individual treated at a medical facility?  Yes  No

If Yes, Where: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Officer IBM Number Date

\_\_\_\_\_  
Signature of Reporting Officer Signature of Troop Commander or Police Chief IBM Number

**BOTH SIGNATURES ARE REQUIRED FOR PROCESSING**