DRIVER RE-EXAMINATION REQUEST

TO: DIVISION OF MOTOR VEHICLES
DRIVER IMPROVEMENT UNIT
PO BOX 698
DOVER, DE 19903-0698

Phone: 302-744-2507

Fax: 302-739-5667

Pursuant to T. 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.)

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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

BOTH SIGNATURES ARE REQUIRED FOR PROCESSING

MV-351 - Revised 6/2003