



Driver Evaluation Request

Mail or fax completed report to:
Driver and Vehicle Records
Department of Licensing
PO Box 9030
Olympia, WA 98507
 Fax: (360) 570-7893
 Email: MedicalCerts@dol.wa.gov

Use this form to request we evaluate an individual's driving ability. You must provide specific information about their medical/visual conditions and/or driving ability. Age is not a consideration. Based on the information provided, we will investigate and take action as necessary. **Insufficient information may result in no action.**

We are unable to divulge the outcome to you; however, **we will provide this form to the driver or their attorney upon written request.**

Vision professionals: To report results of a visual exam, use the [Visual Examination Report](#)
Medical professionals: To report results of a medical exam, use the [Physical Examination Report](#)

Driver

Name of driver (First, Middle, Last)			Date of birth
Residential address			
City	State	ZIP code	Driver license number

Requestor

Knowledge of this driver is based on observation as a (check one)

Law enforcement officer
 Name: _____
 Agency: _____ Badge #: _____
 Check here if there was a collision with a fatality or substantial bodily harm and the driver was at fault

Medical professional
 Name: _____
 Profession: _____ Professional license #: _____
 Email: _____ 10-digit fax #: _____

Concerned citizen
 Name (First, Middle, Last): _____
 Mailing address: _____
 10-digit phone #: _____ Email: _____
 Relationship to driver: _____

Statement (explain details in space provided below selection)
 I am concerned that this driver has one or more of the following conditions that may affect their ability to safely drive:
 Medical condition Vision condition Poor driving skills

Details

Based on my personal observation and/or knowledge, I request Department of Licensing evaluate this driver's qualifications. I certify under penalty of perjury under the law of Washington that the foregoing is true and correct.

 Date and place (city or county) signed **X**
 Signature