

**DIVISION OF MOTOR VEHICLES**  
 Anchorage Driver Services  
 4001 Ingra Street, Suite 101 Anchorage, AK 99503  
 Email: [doa.dmv.ads@alaska.gov](mailto:doa.dmv.ads@alaska.gov)

**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, email 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:	