



# Driver Evaluation Request

Mail or fax completed report to:  
**Restricted Licensing**  
**Department of Licensing**  
**PO Box 9030**  
**Olympia, WA 98507**  
 Fax: (360) 570-7893  
 Email: [MedicalCerts@dol.wa.gov](mailto: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](#) (DR-500-033)  
**Medical professionals:** To report results of a medical exam, use the [Physical Examination Report](#) (DR-500-035)

## Driver

Name of driver ( <i>First, Middle, Last</i> )			Date of birth
Residence address			
City	State	ZIP code	Driver license number
Statement <i>I am concerned that this driver has one or more of the following conditions that may affect their ability to safely drive:</i> <input type="checkbox"/> Medical condition <input type="checkbox"/> Vision condition <input type="checkbox"/> Poor driving skills (explain below)			
Details <hr/> <hr/> <hr/> <hr/>			

## 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 serious injury or fatality and the driver was at fault

**Medical professional**

Name \_\_\_\_\_

Profession \_\_\_\_\_ Professional license # \_\_\_\_\_

Email \_\_\_\_\_ (Area code) Fax # \_\_\_\_\_

**Concerned citizen**

Name (*First, Middle, Last*) \_\_\_\_\_

Mailing address \_\_\_\_\_

(Area code) Phone # \_\_\_\_\_ Email \_\_\_\_\_

Relationship to driver \_\_\_\_\_

*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