



Georgia Department of Driver Services Request for Driver Review

INSTRUCTIONS:

- 1) Complete this form if you wish for the Department of Driver Services (DDS) to review a driver's ability to drive safely.
- 2) Mail or Fax your completed request to: Georgia Department of Driver Services/ Medical Review Unit/ P.O. Box 80447/Conyers, Georgia 30013. Fax number: (770-918-6266).

DRIVER INFORMATION	
DRIVER NAME: (last, first, middle)	BIRTHDATE :(mm/dd/yyyy)
DRIVER LICENSE NUMBER:	TELEPHONE NUMBER:
RESIDENCE/HOME ADDRESS	CITY/ STATE/ ZIP CODE
MAILING ADDRESS (if different from above address)	CITY/STATE/ZIP CODE

Please provide specific information regarding the medical, vision or driving ability of the person in question. The DDS medical review unit will investigate, and act as deemed necessary. Due to confidentiality, the DDS is unable to provide you with a final determination. Age alone, cannot be considered. (A signature at the bottom of the form is required for consideration)

LAW ENFORCEMENT	
NAME:	TELEPHONE NUMBER:
AGENCY NAME:	MAILING ADDRESS:
CONCERN:	

Please include all related crash or incident reports

MEDICAL PROFESSIONAL	
NAME:	TELEPHONE NUMBER:
PROFESSION: MEDICAL: VISION: OTHER:	MAILING ADDRESS:
UNDERLYING MEDICAL CONDITION OR DIAGNOSIS:	

CONCERNED CITIZEN	
NAME:	TELEPHONE NUMBER:
RELATIONSHIP TO DRIVER:	MAILING ADDRESS
CONCERN:	

Based on my observation and/or knowledge, I certify or declare under penalty of perjury under the laws of the State of Georgia that the information provided is true and correct and is in the interest of public safety.

Signature:

Date: