

**State of Vermont**  
**DEPARTMENT OF MOTOR VEHICLES**  
120 State Street  
Montpelier, VT 05603-0001  
**dmv.vermont.gov**

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**To:** Commissioner of Motor Vehicles

**From:**

**Subject:** Driver Evaluation Recommendation

It is hereby requested that you re-evaluate the following person:

**Name:**

\_\_\_\_\_ Last First Middle

**Address:**

\_\_\_\_\_ Street / PO Box

\_\_\_\_\_ City State Zip

**Date of Birth:** \_\_\_\_\_

**License / ID Number:** \_\_\_\_\_

Brief description of what brought this individual's operation difficulties to my attention:

Based on the above observations, I believe the person is experiencing a problem with:

- Vision – Eye Test Recommended
- Medical – Submission of Medical Report Recommended
- Psychiatric – Psychiatric Report Recommended
- Medication – Medical Report Recommended
- Coordination – Complete Re-Exam Recommended
- Reactions – Complete Re-Exam Recommended
- Other (Please explain):

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Officer's Email Address