



REQUEST FOR DRIVER REVIEW

INSTRUCTIONS:

- This form is to be used by concerned citizens to report a driver who appears to be unable to drive safely. *(Law enforcement personnel must use the DS-5 Police Agency Request for Driver Review; Physicians must use the DS-6 Physician's Request for Driver Review.)*
- The Department will not act on your request unless you complete all four parts below and on Page 2, and provide all required information. Please provide as much factual detail as possible.
- Sign the completed form in the presence of a notary public, and mail the original signed and notarized form to:
 Driver Improvement Bureau
 New York State Department of Motor Vehicles
 6 Empire State Plaza
 Albany, NY 12228
- Forms that are not notarized will not be accepted.
- Be aware that the review you are requesting may lead to the suspension or revocation of the driver's license of the person you are reporting.

PART 1 - Identification of the person whose ability to drive is in question (Please print.)

| | | | | | | |
|--------------------------------------------|--|-----------------------|------------------|------|-----------------------------------------------------------------|----------|
| Last Name (Required) | | First Name (Required) | | M.I. | Date of Birth (if not known, give approximate age) - (Required) | |
| Street Address (Required) | | | | | | |
| City (Required) | | | | | State (Required) | Zip Code |
| Make of Vehicle the Person Normally Drives | | | Color of Vehicle | | License Plate Number | |

PART 2 - Your identification (Please print.)

A representative of the NYS DMV may contact you concerning your request for driver review.

| | | | | | | |
|----------------------------------------------------------|--|-------------------------------|--------------------------------------------------------------------|---------------------|--------------------------------------------------------|--|
| Your Name (Print name in full) - (Required) | | Your Date of Birth (Required) | Client ID No. (from your NYS Driver License or Non-Driver ID card) | | | |
| Your Home Address (Include Street & Number) - (Required) | | | | | | |
| City (Required) | | | State (Required) | Zip Code (Required) | Your Daytime Telephone Number (Area Code) - (Required) | |

Your relationship to the driver you are reporting:

- Daughter
 Son
 Sister
 Brother
 Wife
 Husband
 Mother
 Father
 Neighbor
 Other (explain)

PART 3 - Your reasons for reporting this driver

Explain why you feel the person you identified in Part 1 should have his/her driving abilities reviewed. Be as specific as possible, and include specific incidents, observations, dates, locations, etc.

PART 3 - (Continued from Page 1)

If you know other people who agree with your assessment of this driver, who DMV may contact, please identify them below:

| | | |
|------|---------|--------------------------|
| Name | Address | Daytime Telephone Number |
| Name | Address | Daytime Telephone Number |
| Name | Address | Daytime Telephone Number |
| Name | Address | Daytime Telephone Number |

PART 4 - CERTIFICATION:

I certify that the information I provided above is true and accurate. I understand that any false statement given by me may be punishable by law.



_____ (Your Signature - Sign name in full)

_____ (Date - Month/Day/Year)

A Notary Public must complete the following:

State of _____ County of _____ ss:

on this _____ day of _____, 20_____, before me personally

appeared _____ to me known and known to me to be the same person described in and

who executed the forgoing instrument, and s/he duly acknowledged to me that s/he executed the same.

Notary Public, State of _____

(Please affix stamp)