SOUTH DAKOTA
DRIVER EVALUATION REQUEST

Instructions:

1. Complete this form when requesting the Driver Licensing Program to re-evaluate a driver's ability to drive.
2. Sign this request in the signature block provided. Anonymous requests will not be honored.
3. Mail completed request to Driver Licensing, 118 West Capitol Avenue, Pierre, South Dakota 57501.

Name of person to be re-evaluated (Last, First, Middle)	Driver License Number	Date of Birth

Street Address	City	State	Zip Code

The department may require re-evaluation only when there is reason to believe that the driver might not be qualified to hold a license. To assist the department with its responsibilities and require only the kind of clearance of examination necessary to determine the driver's qualifications, in the space below, please describe specific observations, events and incidents which caused you to question the driver's qualifications.

REQUESTS BASED ON AGE AND/OR GENERAL HEALTH ALONE WILL NOT BE HONORED.

Your relationship to subject:

☐ Relative ☐ Friend ☐ Police ☐ Court ☐ Insurance Co ☐ Physician ☐ Department Employee

☐ Other (explain)

Name (Please Print)

Your Mailing Address (Street, PO Box, City, State, Zip Code)	Telephone Number
Signature X	Date

THIS SECTION FOR USE BY LAW ENFORCEMENT AGENCY OR COURT USE ONLY

Request is a result of: ☐ Traffic Accident ☐ Traffic Stop | Date of Incident

What was the reason for contact with Driver?

Was the driver issued a traffic citation? ☐ Yes ☐ No | Citation for:

Is this request submitted in lieu of a citation? ☐ Yes ☐ No