## 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.

<ol> <li>Sign this request in the signature block provided. Anonymous requests will not be honored.</li> <li>Mail completed request to Driver Licensing, 118 West Capitol Avenue, Pierre, South Dakota 57501.</li> </ol>				
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.  REQUEST BASED ON AGE AND/OR GENERAL HEALTH ALONE WILL NOT BE HONORED.				
Your relationship to subject:  Relative Friend Police Court  Other (explain)	☐ Insura	ance Co. 🔲 Physician 🔲 Dep	oartment E	Employee
Name (Please Print)				
Name (Please Print)  Your Mailing Address (Street, PO Box, City, State, Zip 0	Code)		Тє	elephone Number
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