

TENNESSEE DEPARTMENT OF SAFETY
DRIVER IMPROVEMENT SECTION
P. O. Box 25290 Nashville, TN 37202
Fax # 615-253-3104
REQUEST FOR SPECIAL EXAMINATION
(PLEASE PRINT)

Full Name of Licensee _____ License # _____

Sex _____ Race _____ DOB _____ Address _____

Involved in Accident _____ Traffic Violation _____ Citation Issued _____

A Driver License Examination/Medical Examination Is Requested For The Above Named Person. Please Be Specific As To Reason For Request:

Date _____ Signature _____ Title _____

Department/Agency _____ Telephone # _____

Address _____

Reviewed and Approved By: _____ Title _____