



EMPLOYER'S REPORT OF MEDICAL EXAM FAILURE/ EMPLOYER REQUEST FOR REEXAMINATION OF DRIVER

California Vehicle Code (CVC) §14606(b) requires employers to report commercial class A or B drivers who fail to qualify for a medical certificate on reexamination to the Department of Motor Vehicles (DMV).

CVC §13800 allows the DMV to investigate the qualifications of **any** driver when it appears necessary upon receiving information or upon a showing of its records.

This form may be used to request the DMV to investigate the qualifications of **any** driver when a driver's condition or behavior may impair his or her ability to safely operate a motor vehicle. To have a driver's qualifications reevaluated by the department, please identify the driver by filling out the applicable driver information below and briefly describe the condition or actions of the driver which make you believe a reexamination by the department is necessary.

This form may be used to report a commercial class A or B driver to the DMV when the driver fails to qualify for renewal of a medical certificate.

Mail completed forms to:

Department of Motor Vehicles
 Driver Safety Services Unit
 P.O. Box 942890, M/S J234
 Sacramento, CA 94290-9890

Please complete the following information, if known, and attach a copy of the driver's medical evaluation or other pertinent information, if available. If you need further information, or need help in completing the form, please call the Driver Safety Services Unit at (916) 657-6452.

DRIVER'S NAME			BIRTH DATE
LICENSE OR X NUMBER	CLASS OF LICENSE	STATE ISSUING LICENSE	TELEPHONE NUMBER ()
ADDRESS	CITY		STATE ZIP CODE
NAME OF PHYSICIAN	MEDICAL NUMBER	TELEPHONE NUMBER ()	DATE OF EXAM
ADDRESS	CITY		STATE ZIP CODE
EMPLOYER'S NAME	TITLE		EMPLOYER'S TELEPHONE NUMBER ()
COMPANY NAME AND ADDRESS	CITY		STATE ZIP CODE

If you are requesting a driver be reexamined pursuant to CVC §13800, please complete the section below. Briefly describe the condition or actions of the driver that make you believe a reexamination by the department is necessary.

SIGNATURE X	TITLE	DATE
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