



**SELF REFERRAL FOR  
REEVALUATION OF DRIVING SKILL**

**INSTRUCTIONS:**

1. Please complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate your ability to drive safely.

**PLEASE NOTE:** Submission of this form to DMV initiates a reexamination of your licensing qualifications and may result in action taken against your driving privilege. DMV will contact you and you may be required to take a vision, written, and/or driving test. DMV may also request medical history information from you and your physician.

2. Email or mail your completed forms to the DMV Driver Safety (see submission instructions below).

NAME		DRIVER LICENSE NUMBER	
DATE OF BIRTH	TELEPHONE NUMBER (     )		
ADDRESS			
CITY		STATE	ZIP CODE
I AM REQUESTING THIS REEVALUATION BECAUSE (OPTIONAL):			

SIGNATURE <b>X</b>	DATE
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You may submit this form by:

**EMAIL:** DMVLADDSOffice@dmv.ca.gov

-OR-

**MAIL:** Northern California (North of Fresno County)  
Sacramento Driver Safety  
4700 Broadway, 2<sup>nd</sup> Floor  
Sacramento, CA 95820-1501

**Southern California (South of Fresno County)**  
El Segundo Driver Safety  
390 N. Pacific Coast Highway, Ste. 2075  
El Segundo, CA 90245-4470

