

TENNESSEE DEPARTMENT OF SAFETY  
DRIVER IMPROVEMENT SECTION  
P.O. BOX 945  
NASHVILLE, TN 37202  
**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:

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Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Department/Agency \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Title \_\_\_\_\_