



**SECTION A** only is to be completed by the public (family, friends, doctors, etc.).

**SECTIONS A and B** are to be completed by Law Enforcement only.

The form needs to be completed with specific information regarding medical/visual problems and/or the driving abilities of the person in question, and age is not a consideration. Based on the information provided we will investigate and take action as necessary. Due to confidentiality we are unable to divulge the outcome of this recommendation.

**Mail To:** Department of Licensing  
Driver Services  
P.O. Box 9030  
PB 01  
Olympia, Washington 98507-9030