

# CITIZEN REEXAMINATION REPORT

Director  
Department of Motor Vehicles  
Driver Licensing Division  
PO Box 94726  
Lincoln, NE 68509-4726

Dear Director:

As provided for in Nebraska Statute 60-4,118, I request that \_\_\_\_\_  
(Name)

Of \_\_\_\_\_, Nebraska  
(Address)

and date of birth \_\_\_\_\_ be recalled for examination for, in my opinion, he or she is not capable of operating a motor vehicle safely over the highways of the State of Nebraska for the following reasons: *(Please give a **detailed explanation** of the reasons for reexamination. ie. Examples of poor driving behavior that you have personally witnessed or that have been reported to you by a reliable source, and/or known medical conditions that could affect safe driving.)*

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**(All information on this report must be completed in order for it to be accepted)**

*I authorize the release of all information related to the citizen reexamination report*  Yes  No

\_\_\_\_\_  
*Signature of Person Requesting Reexamination*

\_\_\_\_\_  
*Printed Name.*

\_\_\_\_\_  
*Relationship to Driver*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Daytime Phone Number*

**\*\*A copy of the requestor's driver's license must be enclosed with this report.**

**FOR OFFICE USE ONLY:**