

**Texas Department of Public Safety**  
**Enforcement & Compliance Service**  
**P.O. Box 4087, Austin, TX 78773-0320**

DL-76 (9/16)

**Examination/Investigation Request**

Please complete this form if you have personal knowledge about a driver you believe is no longer capable of safely operating a motor vehicle.

- After reviewing this report, the Department may require the driver to take certain tests such as a vision, knowledge or driving test or provide other medical information.
- The Department may release information contained in this report pursuant to a request under the Public Information Act or in response to a court order.

*Email the completed form to: [MAB@DPS.Texas.gov](mailto:MAB@DPS.Texas.gov), or*

*Mail to: Texas Department of Public Safety, Enforcement and Compliance Service,  
P.O. Box 4087, Austin, TX 78773-0320*

<b>PERSONAL INFORMATION ON PERSON BEING REPORTED</b>  PLEASE COMPLETE ALL AVAILABLE INFORMATION	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DRIVER LICENSE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE
	LICENSE PLATE NUMBER	PHONE NUMBER		

Describe in detail incidents related to or conditions about this driver which indicate the inability to safely operate a motor vehicle. Give specific dates, locations, accident reports, possible medical conditions and all other information which supports the need for testing or evaluation. You should report only information of which you have personal knowledge or physical evidence.

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<b>PERSON COMPLETING REQUEST</b>	<b>IT IS A VIOLATION OF THE TEXAS PENAL CODE TO INTENTIONALLY FILE A FALSE REPORT. ANY PERSON WHO INTENTIONALLY FILES A FALSE REPORT MAY BE SUBJECT TO CRIMINAL PROSECUTION.</b>			
	PRINT FULL NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO DRIVER	TELEPHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE
	SIGNATURE		DATE	