

Missouri Department of Revenue
Possible Driver Impairment(s) Notification

This document should be completed when license office personnel observe an obvious physical impairment of an applicant, and when appropriate restrictions are not noted on the driver license as provided in [Sections 302.173, 302.291, and 302.301, RSMo](#). Information submitted on this form may result in a mandatory physical examination or a driver examination to determine the driving ability of the applicant.

Applicant's Name		Driver License Number	
Impairment	Describe Impairment: _____ _____		
	How long has the applicant been impaired? _____ Years _____ Months _____ Days		Is the impairment permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

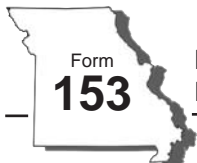
Based on my observation(s) of the above named person and information relayed to me by this individual, I reasonably and in good faith, believe that he or she cannot safely operate a motor vehicle and should be required to take a physical or a driving test to determine his or her driving ability, or what driver license restrictions, if any, are needed.

Office Location	Address	Phone Number (____) ____-____
Employee Signature	Title	Date (MM/DD/YYYY) ____/____/____

Driver License Bureau
P.O. Box 200
Inter-Office Box 13
Jefferson City, MO 65105-0200

Phone:(573) 751-2730
Fax: (573) 522-8174
E-mail: dlbmail@dor.mo.gov

Form 153 (Revised 06-2013)



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