

DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE DIVISION
4501 SOUTH 2700 WEST
P O BOX 144501
SALT LAKE CITY UT 84114-4501
Fax Number: (801) 965-4336

THIS FORM IS USED BY THE UTAH DRIVER LICENSE DIVISION FOR THE PURPOSE OF REPORTING DRIVERS WHO MAY BE UNSAFE TO DRIVE. ANY PERSON, WHO IN GOOD FAITH, REPORTS A DRIVER WHO APPEARS TO PRESENT AN IMMINENT THREAT TO DRIVING SAFETY SHALL HAVE IMMUNITY FROM ANY DAMAGES CLAIMED AS A RESULT OF DOING SO. Utah Code Annotated (UCA) 53-3-303.

The notification provided under this section relating to a physical, mental, or emotional impairment is classified as a protected record under Title 63G, Chapter 2, Government Records Access and Management Act, and the identity of the person notifying the Division shall not be disclosed by the Division.

NAME OF SUBJECT _____ DATE OF BIRTH _____

(Print)

RELATIONSHIP (IF ANY) _____ UTAH LICENSE NUMBER or
DRIVING PRIVILEGE CARD # _____

SUMMARY: Describe actions or known impairments that you have observed which caused you to submit this report (be specific)

THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT MAY BE PUNISHABLE AS A MISDEMEANOR TO KNOWINGLY GIVE A WRITTEN FALSE STATEMENT (UCA 76-8-504). I understand that if I have made a notification with the intent to annoy, intimidate, or harass the person that is the subject of the notification I may be charged with a class C misdemeanor (53-3-305(5)).

REQUESTER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

NOTARIAL CERTIFICATE:

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of
_____, 20_____.

Notary Public

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