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 IMMIMENT 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)

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

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

______________________________________________________________________________________________
______________________________________________________________________________________________
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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

S E A L

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Rev. 04-17