



OFFICER REFERRAL FORM

DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DRIVER SERVICES
www.ksrevenue.org/vehicle.html

This form is used to provide the Division of Vehicles with information for drivers that have been in an accident, a traffic stop or exhibited behavior which indicates the driver may have a medical condition that may impair driving abilities.

Driver's License # _____

Driver's Full Name _____

Driver's Street Address _____

City, State, Zip _____

Driver's Date of Birth _____

Date of Incident _____

Incident Description

Officer's Name & Title _____

Officer's Phone Number _____

Police Dept Address _____

Other Contact Information _____

Other Comments

Enter your email address to receive a driver status update _____

Once the form has been completed in full, you may fax, email or mail this document to the Medical/Vision Unit.

Fax Number: 785-296-5857

Email address: KDOR_Medical.VisionUnit@ks.gov

Mailing Address: Division of Vehicles
Medical/Vision Unit
PO BOX 2188
TOPEKA, KS 66601-2188

Staff are available for questions at (785) 368-8971 Monday - Friday from 8:00am - 4:00pm (excluding holidays).