



Fax completed form to the
 Registrar of Motor Vehicles @
 (416) 235-3400 or 1(800) 304-7889

Driver Information
Request For Driver's Licence Review



Police Occurrence No.:

Collision Report No.:

Please complete all parts. If handwritten please use black pen.
 photocopy

Fax original only – do not

1. Driver Information											
Driver's Licence No.			Province	Class	Cond.	Gender	Date of Birth	Y	M	D	
Last Name			First name				Initial				
Street No. and Name or Lot, Conc. and Township								Apt. No.			
City, Town or village							Province	Postal Code			
<input type="checkbox"/> Driver's licence not produced			Generated Ontario Driver's Licence Number only								
2. Vehicle Information											
Vehicle Type			<input type="checkbox"/> Motor Vehicle		<input type="checkbox"/> CVOR Type Vehicle		<input type="checkbox"/> Motorized Snow Vehicle		<input type="checkbox"/> Streetcar		
Plate No.	Province	Make of Vehicle			Model of Vehicle		<input type="checkbox"/> Owner – Same as Driver				
V.I.N. (if requested)			CVOR/NSC			Trailer Plate No.	Province				
Vehicle Owner - Last name / First name				Vehicle Owner Company Name				Initial			
Street name and No., Apt. No., City, Town or Village											
3. Officer Information											
Police Service Detachment/Division and Address							Telephone No.				
Investigating Officer / Badge No.					Unit	Fax No.					
Signature of Investigating Officer's Supervisor			Name of Investigating Officer's Supervisor				Date Submitted	Y	M	D	
4. Incident Information											
Location Vehicle Stopped Street Municipality						Date	Y	M	D	Time	
A. The above driver has come to my attention due to an investigation as a result of:											
<input type="checkbox"/> Collision			<input type="checkbox"/> Public complaint/information								
<input type="checkbox"/> Officer observation			<input type="checkbox"/> Other (describe)								
B. Investigation of the above incident indicated the driver may not be able to safely operate a motor vehicle due to:											
<input type="checkbox"/> Loss of consciousness/black-out			<input type="checkbox"/> Fell asleep								
<input type="checkbox"/> Erratic Behaviour			<input type="checkbox"/> Other (e.g. significant driving incompetence)								
C. Please: 1) Attach the incident report, or, 2) provide a brief description of the incident and information in support of what you indicated Part B above. If driver self-declared to having specific impairment(s), please provide the name(s) of these impairments.											

Instructions for Completing the Driver Information form

This form may be completed on-line, printed, signed and the original faxed to the Registrar within 24 hours of the incident. Please fax the original only as photocopying disables the use of the barcode, which is essential for efficient routing of the form to the appropriate area within MTO.

Police may choose to report drivers who show signs of driving incompetence that could be due to a physical/mental impairment that:

- May have played a role in causing a collision;
- May impede the driver's ability to sustain safe driving practices; or
- May put the driver and/or the public at risk if the driver continues to operate a motor vehicle.

Top of the form

- Complete all fields as appropriate.

Police Occurrence Report No.

- If an occurrence report is being completed for this incident, provide the police occurrence report number. You may fax the police occurrence report with the completed form.
- You may submit a police occurrence report in lieu of completing Part 4 C of the form.

Collision Report No.

- If the incident is related to a collision, indicate the collision report number.

Parts 1, 2 and 3

- Complete all fields in Parts 1 and 3. Complete as many fields as possible in Part 2

Part 4

The information provided in Part 4 is intended to help ministry staff determine the appropriate action.

- A. Please check at least one box in Section A.
- B. Please check the appropriate box in Section B. Check "Other" for a driver impairment not listed and follow Part 4 C instructions below.
- C. Provide a detailed description of the driver's possible impairment, and the circumstances surrounding your or other witnesses' observations. The description should document the circumstances which demonstrate the driver's possible impairment or behaviour. If the driver self declared as having specific impairment(s), please provide name(s) of self-declared impairments. Fully complete Section C (unless an incident report that contains the required details is faxed with this form).

Fax completed form to the Registrar of Motor Vehicles at 416-235-3400 or 1-800-304-7889. If you have questions about completing the form, please call 416-235-1773 or 1-800-268-1481 during office hours (8:30 am – 5 pm, Monday to Friday).