REQUEST FOR SPECIAL / COURTESY TEST AFFIDAVIT

State Form 50190 (R / 12-04)

County , **State of Indiana**	Date (*month, day, year*)	
Name of driver		
Address (*number and street*)		
City	State	ZIP code
Telephone number ( )	Date of birth (*month, day, year*)	
Driver's license number	Date of expiration (*month, day, year*)	

I am requesting a special / courtesy drive test to be administered to the above named driver for the following reason:
(*check one*) ☐ Voluntary ☐ Rehab / Physician ☐ Low vision / Bioptic ☐ Complaint ☐ Documentation attached

I am requesting a Medical Review to be done on the above named driver for the following reason:
☐ Documentation attached

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

Signature of person requesting test (*if other than driver*)	Date (*month, day, year*)

FOR INTERNAL USE ONLY: Written test required? ☐ **Yes** ☐ **No** (***Attach copy of score sheet***)

I understand that failure of the Special / Courtesy test, could result in my license being invalidated for up to one (1) year.

Signature of driver being tested	Date (*month, day, year*)

Continued on reverse side

INFORMATION BELOW IS TO BE FILLED OUT AND SIGNED BY A DRIVER EXAMINER / SUPERVISOR

Written test results:

Test 1	☐ Passed	☐ Failed	Verbal?	☐ Yes	☐ No
Test 2	☐ Passed	☐ Failed	Verbal?	☐ Yes	☐ No
Test 3	☐ Passed	☐ Failed	Verbal?	☐ Yes	☐ No

Drive test number

Drive test results

☐ Passed ☐ Failed (*Attach copy of DT-1*)

License issued

☐ Yes ☐ No

If **new restrictions** were added please list:

COMMENTS

I the undersigned examiner depose and say upon my oath, that I administered a thorough drive test to the above named individual. I swear or affirm that the information I have entered on this and the DT-1 form is correct. I understand making a false statement on these forms may constitute the crime of perjury.

Signature of driver examiner / supervisor	District number	Date (*month, day, year*)