

North Carolina Division of Motor Vehicles

Medical Review Program

Removal Request Form

DL-79

Name (First, Middle, Last): _____

Date of Birth: _____

North Carolina Driver License Number: _____

Reason for
Request: _____

Signature: _____ Date: _____

Important: Submitting a removal request does not indicate or guarantee removal from the Medical Review Program. Your records will be reviewed to determine if you may be removed.

You will receive a letter by mail once your request has been received.

You may need to submit additional or updated medical information in order for your request to be processed. If additional information is required, you will be notified by mail.

Once a final decision is made, you will receive a letter by mail.

Submitting a removal request does not delay or reverse any license restrictions. If you received a letter that restrictions must be placed on your license, please visit your local Driver License Agency to have the restriction(s) placed.

Please mail or fax all removal requests to:

Medical Review Program, 3112 Mail Service Center, Raleigh, NC 27697-3112

or fax to (919) 733-9569, Attention: Medical Review Program

