



# Request for Immediate Threat License Suspension/Revocation

Registry of Motor Vehicles • Driver Control Unit  
P.O. Box 55896 • Boston, MA 02205-5896

Download and save this fillable form. Complete all highlighted fields on the form and save the file. Email the completed file, along with any supporting documentation, to [DCUImmediateThreat@massmail.state.ma.us](mailto:DCUImmediateThreat@massmail.state.ma.us)

Documentation may also be printed and submitted to the Driver Control Unit via FAX (857-368-0013) or mail to the address above.

## A. Incident and Operator Information

Date of Request (MM/DD/YYYY)	Date of Incident (MM/DD/YYYY)	Incident Location	City	State
Name of Operator		License #	Date of Birth (MM/DD/YYYY)	
Address				
Street Address		City	State	Zip Code

We believe that the above licensed operator has committed a violation of the motor vehicle laws of a nature that give reason to believe that his/her continued operation will be so seriously improper as to constitute him/her an immediate threat to the public safety (MGL c. 90 § 22).

The following incident, event, or circumstance has led us to this belief. (Include a summary of facts and attach all **copies of documentation** to support this request. Please check box below if request is related to a medical incident.).

After reviewing the above facts, we ask you to take whatever action you deem appropriate.

Check box if request is related to a medical incident.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Printed Name as Electronic Signature for Police Chief/Authorized Person: \_\_\_\_\_

Printed Name as Electronic Signature for Police Officer: \_\_\_\_\_

Police Department: \_\_\_\_\_

Check box to confirm that you have attached all copies of documentation to support this request.