



VOLUNTARILY SURRENDERED LICENSE AFFIDAVIT

NOTE: Surrendered license must accompany this form.

SECTION 1: SURRENDER ITEM (Check all that apply.)

1. Class/Permit to be surrendered:

- (A/B/C) CDL (D) Operator (E) Moped (M) Motorcycle

2. CDL endorsement to be surrendered:

- (H) Hazardous (N) Tanker (P) Passenger (I) CDL Restrictions (List below.)
(S) School Bus (T) Double/Triple (R) Other

3. Reason for item surrender:

- No longer want to drive
Insurance purposes
Health reasons (Optional: Provide brief explanation in space provided below.)

SECTION 2: DRIVER INFORMATION

Table with fields: FIRST NAME, LAST NAME, DATE OF BIRTH, STREET ADDRESS, CITY, STATE, ZIP CODE

DRIVER'S LICENSE #: _____

SECTION 3: SURRENDER STATEMENT & SIGNATURES

By signing below, I state that I understand the following:

- a. If I decide to reapply for my driver's license, I will be required to return to the KYTC Driver Licensing regional office to do so.
b. If I surrender any class license, I will have up to five (5) years from the date I last held a valid license to reactivate the class without being required to test. (This does not apply to any suspended driver.)
c. If I surrender any class permit, I must reapply.

I hereby voluntarily surrender my driver's license, driver permit, or CDL endorsement for the reason(s) indicated above:

Signature lines for Driver Signature, Date, Printed Witness Name, Witness Title, Witness Signature, Date