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| Surrendered license must accompany this form. |  |  |  |  |  |  |  |  |  |  |
| I hereby voluntarily surrender my driver license to the Kentucky Division of Driver Licensing for the following reason(s): |
|  | 1. | [ ]  | Insurance Purposes |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | No longer want to drive |  |  |  |  |  |  |  |  |  |  |
|  | 3. | [ ]  | Health Reasons *(Explain. Attach additional sheet if more space is needed.)* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| I understand that: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | a. | If I decide to reapply for my driving privilege, I will be required to return to the KYTC Driver Licensing Regional Office.to have my license reissued. |
|  | b. | If I surrender any class license, I have up to five (5) years from the date I last held a valid license without being required to test. This does not apply to any driver whose driving privileges are suspended. |
|  | c. | This does not apply to permit holders of any type. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NAME** *(first)* | *(last)* |  |  |  |  |  |  | **DATE OF BIRTH** |  |  |  |  |  |  |
| **ADDRESS** *(street)* | **CITY** | **STATE** | **ZIP** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **KENTUCKY LICENSE #** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Class License/Permit being Surrendered *(Check all appropriate classes.)* |
| A[ ]  |  | B[ ]  |  | C[ ]  |  | D[ ]  |  | E[ ]  |  | M[ ]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ENDORSEMENTS** *(if applicable)* | **RESTRICTIONS** – **CDL** *(if applicable)* |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  | **WITNESSED** |  |  |  |  |  |  |
| **SIGNATURE** | **TITLE** |  |  |  |  |  |  |

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