



DIVISION OF DRIVER LICENSING

VOLUNTARILY SURRENDERED LICENSE AFFIDAVIT

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.)*

I understand that:

- a. If I decide to reapply for my driving privilege, I will be required to return to the Circuit Clerk’s office to have my license reissued.
- b. If I surrender any class license/permit, I have one year from the date I last held a valid license/permit without being required to test. This includes any period of time in which my commercial driver license/permit was suspended, cancelled or otherwise invalid; and,
- c. If my license/permit has been expired for more than one year, I will be required to successfully complete all or a portion of the driver’s examination associated with the class license/permit I wish to obtain.

NAME <i>(first)</i> <i>(last)</i>	DATE OF BIRTH
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ADDRESS <i>(street)</i>	CITY	STATE	ZIP
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KENTUCKY LICENSE #

Class License/Permit being Surrendered *(Check all appropriate classes.)*

A	B	C	D	E	M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENDORSEMENTS <i>(if applicable)</i>	RESTRICTIONS – CDL <i>(if applicable)</i>
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DATE	WITNESSED
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SIGNATURE	TITLE
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