



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 KYTC Driver Licensing Regional Office.
- 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 <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 <i>(Check all appropriate classes.)</i>					
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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