



Voluntary Surrender of Driver License and Driving Privilege

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-4590 • Fax (406) 444-7623 • doj.mt.gov/driving/

This form is for license holders to voluntarily surrender their driver license and driving privilege.

PRINT IN BLUE OR BLACK INK ONLY.

A Applicant Section	Applicant's Legal Name (First):		(Middle):	(Last):
	Mailing Address:		City:	State: Zip Code:
	Driver License Number:	Driver License Expiration Year:	Date of Birth:	

B Statement of understanding	<ul style="list-style-type: none"> • In signing this document, I am voluntarily choosing to surrender my Montana driver license or driving privilege. • I understand the MVD will immediately cancel my driver license. • I understand that I may apply for a driver license in the future; but I will be required to pay the fees and successfully complete the vision, knowledge and road tests. Further, I understand additional information may need to be gathered prior to being allowed to test, such as a favorable medical evaluation form.
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C Applicant's Acknowledgement	Under penalty of law (MCA 45-7-203), I certify that:
	<p>I am the person named on this form. The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief.</p> <p>_____ Legal Signature</p> <p>_____ Date</p> <p>_____ Printed Name</p> <hr/> <p>LEGAL GUARDIAN CONSENT: I certify that as a parent, legal guardian or responsible adult of the above named individual, I consent to the surrender of Montana driver license and driving of the aforementioned person.</p> <p>_____ Representative Legal Signature</p> <p>_____ Date</p> <p>_____ Printed Name of Representative</p>

FOR OFFICIAL USE ONLY:	Date: _____	Primary ID Document: _____
	Action taken: _____	Examiner: _____