



# Voluntary Surrender of Driver License and Driving Privilege

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

**PRINT IN BLUE OR BLACK INK ONLY.**

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

<b>B Statement of understanding</b>	<ul style="list-style-type: none"> <li>In signing this document, I am voluntarily choosing to surrender my Montana driver license or driving privilege.</li> <li>I understand the MVD will immediately cancel my driver license.</li> <li>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.</li> </ul>
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<b>C Applicant's Acknowledgement</b>	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> <p><b>LEGAL GUARDIAN CONSENT:</b> 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>

<b>FOR OFFICIAL USE ONLY:</b>	Date: _____	Primary ID Document: _____
Action taken: _____		Examiner: _____