



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 reasons(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.

<b>NAME</b> <i>(first)</i> <i>(last)</i>	<b>DATE OF BIRTH</b>
--	----------------------

<b>ADDRESS</b> <i>(street)</i>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
--------------------------------	-------------	--------------	------------

**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"/>

<b>ENDORSEMENTS</b> <i>(if applicable)</i>	<b>RESTRICTIONS – CDL</b> <i>(if applicable)</i>
--	--

<b>DATE</b>	<b>WITNESSED</b>
-------------	------------------

<b>SIGNATURE</b>	<b>TITLE</b>
------------------	--------------