



Voluntary Surrender of Driving Privileges

The form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota St. - Suite 170, St. Paul, Minnesota 55101-5170. It may also be faxed to 651-797-1760

- If you have questions or need additional information, please contact DVS at 651-296-2025 or 651-282-6555 (TTY).
- To ensure that this request is processed in a timely manner, please type or print legibly.

Name (LAST, FIRST, MIDDLE INITIAL)

Date of Birth (mm/dd/yy)

DL Number (OMIT DASHES)

A Voluntary Surrender

- I am over age 18 and voluntarily request **cancellation** of my driving privileges. I have read and fully understand the procedures for voluntarily cancelling my driving privileges
- I will not operate a motor vehicle again until I request and receive written notification from Driver and Vehicle Services that my driving privileges have been reinstated.

B Reinstatement

- I am over age 18 and request that my driving privileges be reinstated. I understand that I may not operate a motor vehicle until I receive written notification from Driver and Vehicle Services that my driving privileges have been reinstated.

I have read and fully understand the procedures for voluntarily canceling and reinstating my driving privileges. I will not operate a motor vehicle again until I receive written notification from Driver and Vehicle Services that my driving privileges have been reinstated.

Signature of License Holder Over Age 18

Date (mm/dd/yy)