



# Voluntary Surrender of Driver License and Driving Privilege

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This form is for license holders to voluntarily surrender their driver license or motorcycle endorsement.

**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>I am voluntarily choosing to surrender my:<ul style="list-style-type: none"><li><input type="checkbox"/> Class D driver license</li><li><input type="checkbox"/> Commercial driver license</li><li><input type="checkbox"/> Hazmat Endorsement</li><li><input type="checkbox"/> Motorcycle endorsement or motorcycle only license</li><li><input type="checkbox"/> REAL ID</li><li><input type="checkbox"/> Identification Card</li></ul></li><li>I understand:<ul style="list-style-type: none"><li>○ MVD will immediately cancel the selected license, endorsement, or identification card.</li><li>○ I may apply for a driver license or endorsement in the future. I will be required to pay the fees and successfully complete the vision, knowledge, and skills tests.</li><li>○ I may apply for an identification card in the future. I will be required to pay the fees.</li><li>○ I may need to provide additional information before I can test. For example, a favorable medical evaluation report.</li></ul></li></ul>

<b>C Applicant's Acknowledgement</b>	Under penalty of law ( <a href="#">§ 45-7-203, MCA</a> ), I certify that:
	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.
	Legal Signature _____ Date _____
	Printed Name _____
	<b>LEGAL GUARDIAN CONSENT:</b> I certify that as a parent or legal guardian of the above-named individual, I consent to the surrender of Montana driver license or endorsement. _____
	Representative Legal Signature _____ Date _____
	Printed Name of Representative _____

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