



DL No.: _____

Audit No.: _____

Date: _____

Clerk: _____

Today's Date: _____

I, _____, voluntarily
surrender the following privileges or endorsements for the following reason:

- ☐ Commercial Driver License
- ☐ Commercial Driver License Permit
- ☐ Restricted Commercial Driver License
- ☐ Chauffeur Driver License
- ☐ Motorcycle Driver License
- ☐ Hazardous Materials Endorsement
- ☐ Operator License
- ☐ Other: _____

Signature

Witness

Physical Address:

Mailing Address:

