

REQUEST FOR VOLUNTARY SURRENDER OF DRIVER'S LICENSE OR LEARNER'S PERMIT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



Bureau of Driver Licensing
P.O. Box 68272
Harrisburg, PA 17106-8272
1-800-932-4600

DIRECTIONS: COMPLETE THIS FORM IN ITS ENTIRETY AND ATTACH LICENSE AND RETURN

I.	DRIVER'S LICENSE NUMBER										LAST NAME										JR/ETC	
	FIRST NAME										MIDDLE NAME											
DATE OF BIRTH (must be listed)			TELEPHONE NUMBER						E-MAIL ADDRESS (if applicable)													
Month			Day			Year			()													
ADDRESS CHANGE - A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.																						
NEW STREET ADDRESS																						
CITY										STATE		ZIP CODE										
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a registered voter, you may contact your county voter registration office.																						

OUT-OF-STATE ADDRESS CHANGE

We may not issue driver license products to an out-of-state address, except in the case of an employee of federal or state government, armed forces personnel, or their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application.

Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out of state and I am employed by, or am the immediate family of a person employed by:

US Armed Forces Federal Government Pennsylvania State Government

Relationship to person meeting exemption (check one): Spouse Dependent Child

II. VOLUNTARY SURRENDER

To be completed when licensed driver wishes to surrender his/her driving privilege. I HEREBY VOLUNTARILY SUBMIT MY DRIVER'S LICENSE TO PENNDOT WITH THE UNDERSTANDING THAT IT WILL BE RETAINED FOR A MINIMUM OF SIX MONTHS AS REQUIRED BY PA. C.S. TITLE 67, CHAPTER 93.2. IT IS ALSO UNDERSTOOD I WILL NOT BE PERMITTED TO APPLY FOR ANY LICENSE, CLASS A, B, C OR M, FOR A PERIOD OF SIX MONTHS.

PLEASE NOTE:

A VOLUNTARY SURRENDER WILL NOT BE ACCEPTED AS CREDIT TOWARD A SUSPENSION, RECALL, CANCELLATION, OR REVOCATION.

If using a Messenger Service, I hereby authorize PennDOT to furnish them with my driving record for the purpose of processing this form.

**SIGN
HERE**

DATE _____

Signature in Ink

CURRENT LICENSE OR PERMIT MUST BE ATTACHED.

FOR PENNDOT USE ONLY: EXPIRATION DATE: _____