



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

Bureau of Driver Licensing P.O. Box 68272 Harrisburg, PA 17106-8272 717-412-5300

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.	<h3>VOLUNTARY SURRENDER</h3> <p>To be completed when licensed driver wishes to surrender their 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.</p> <p>PLEASE NOTE: A VOLUNTARY SURRENDER WILL NOT BE ACCEPTED TOWARD SERVING A SUSPENSION, RECALL, CANCELLATION, OR REVOCATION.</p> <p>If using a Messenger Service, I hereby authorize PennDOT to furnish them with my driving record for the purpose of processing this form.</p> <p>SIGN HERE _____ DATE _____</p> <p style="text-align: center;">Signature in Ink</p>
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CURRENT LICENSE OR PERMIT MUST BE ATTACHED.

FOR PENNDOT USE ONLY: EXPIRATION DATE: _____