



Deval L. Patrick, Governor  
Timothy P. Murray, Lt. Governor  
Richard A. Davey, Secretary & CEO  
Rachel Kaprielian, Registrar



## VOLUNTARY SURRENDER AFFIDAVIT

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**I voluntarily surrender my license. In order to restore my driving privileges I will need to present medical clearance to the Registry of Motor Vehicles.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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