



Voluntary Surrender Affidavit

Medical Affairs • P.O. Box 55889, Boston, MA 02205-5889
Fax: 857-368-0018

Complete and return to address above. Include original license if you have it. If you don't have the original license, complete the Lost License Affirmation section below. Upon surrendering your license for medical reasons, you can receive a Massachusetts ID card for no fee.

A. Driver Information (Required)

| | | | | | | | | | | | | | |
|----------------------------|--|--|--|------------|--|--|--|-------------|--|--|--|--------|--|
| Last Name | | | | First Name | | | | Middle Name | | | | Suffix | |
| Date of Birth (MM/DD/YYYY) | | | | | | | | License # | | | | | |
| | | | | | | | | | | | | | |

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: _____

B. Lost License Affirmation

I swear and affirm under the penalties of perjury that I am no longer in possession of the license issued to me by the Massachusetts Registry of Motor Vehicles.

False statements made hereunder may be punishable by fines, imprisonment, or both. (M.G.L. Chapter 90, Section 24).

Signature: _____

Date: _____