

## Fax #: (902) 424-0772

## **Surrender of Driver's License**

| CLIENT NAME   |   |    |                       |       |             |  |             |    |    |
|---|---|----|-----------------------|-------|-------------|--|-------------|----|----|
| CLIENT MASTER NUMBER  |   |    | SE ISSUE D            | CLASS | EXPIRY DATE |  |             |    |    |
|   |   |    |                       |       |             |  |             |    |    |
|   |   | DD | MM                    | YY    |             |  | DD          | MM | YY |
| RESIDENCE ADDRESS MAILING ADDRESS (If different than residence) |   |    |                       |       |             |  |             |    |    |
| STREET ADDRESS AND NAME, APT. NO.                               | ADDRESS AND NAME, APT. NO. STREET NUMBER AND NAME, P.O. BOX, R.R. NO., APT. NO. |    |                       |       |             |  |             |    |    |
| CITY, TOWN OR VILLAGE   | POSTAL CODE   |    | CITY, TOWN OR VILLAGE |       |             |  | POSTAL CODE |    |    |
|   | -   |    |                       |       |             |  |             | -  |    |

## I am surrendering this driver's licence because:

- I do not want to comply with a demand made by the Registrar of Motor Vehicles. If I wish to resume driving I will first comply with any demand made by the Registrar in accordance with the Motor Vehicle Act. I understand that my driver's license will be suspended under Section 280(4) of the *Motor Vehicle Act* ("fail to comply"). If the license is surrendered prior to the required date the reinstatement fee may be waived.
- **I** am not operating a motor vehicle at this time for the following medical or physical reason:

I understand that my driver's license status may be changed to unlicensed and if I wish to resume driving I will comply with any demand made by the Registrar in accordance with the *Motor Vehicle Act*.

□ I have been advised to do so by a physician.

| $\hfill\square$ the above noted client is unfit to drive due to: |                 |               |  |  |  |  |  |
|--|-----------------|---------------|--|--|--|--|--|
| Contact Information:   |                 |               |  |  |  |  |  |
| Name:  | Phone Number:   |               |  |  |  |  |  |
| Relationship to Client:  | Date (D/M/Y):   | Date (D/M/Y): |  |  |  |  |  |
| Signature:   |                 |               |  |  |  |  |  |
| FOR INTERNAL USE ONLY - To be comple                             | eted by RMV CSR |               |  |  |  |  |  |
| Driver's License surrendered at (Location):                      | Date (D/M/Y):   |               |  |  |  |  |  |
| Accepted by (User Name)  | -               |               |  |  |  |  |  |
| 0  |                 |               |  |  |  |  |  |