

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)	-						
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