



Service Nova Scotia  
and Municipal Relations  
Service Delivery  
PO Box 1652 Halifax, Nova Scotia B3J 2E3

# Surrender of Driver's Licence

Fax #: (902) 424-0588

CLIENT NAME			
CLIENT MASTER NUMBER	LICENCE ISSUE DATE	CLASS	EXPIRY DATE
	DD MM YY		DD MM YY
RESIDENCE ADDRESS		MAILING ADDRESS (If different than residence)	
STREET 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
	-		-

**REASON FOR SURRENDER:**

- I will not comply with the demand made by the Registrar of Motor Vehicles to be re-examined, complete a defensive driving course, and/or to provide a medical report, as I am not operating a vehicle at this time. I understand that my driver's licence will be suspended immediately under Section 279(1)(c) of the *Motor Vehicle Act* ("fitness to drive"). If I wish to resume driving, I will comply to the Registrar's demand to be re-examined, complete a defensive driving course, and/or provide a medical report.
- I am not operating a vehicle at this time. I understand that my driver's licence will be suspended immediately under Section 279(1)(c) of the *Motor Vehicle Act* ("fitness to drive"). If I wish to resume driving, I will comply with the Registrar's demand to be re-examined, complete a defensive driving course, and/or provide a medical report.
- I am surrendering my driver's licence as a result of a suspension/revocation action taken under the *Motor Vehicle Act* (i.e. no insurance, points, Criminal Code revocation, etc.).
- I am surrendering the driver's licence for the above noted client as this individual is medically unfit to drive, for the following reason:

**My Contact Information is:**

Name: \_\_\_\_\_  
 Occupation/Relationship to Client: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

- Other (Please provide reason, i.e lost and found, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

Date DD MM YY