Driver's License 300 SW 29th Street PO Box 2188 Topeka KS 66601-2188 Mark A. Burghart, Secretary



Phone: 785-296-3671 Fax: 785-296-0691 www.ksrevenue.gov Laura Kelly, Governor

Driver's License Voluntary Surrender

I, _____ driver's license number _____ D.O.B. _______ voluntarily surrender my driving privileges. I understand that I cannot apply for a new license for at least 90 days from today's date. If I choose to pursue driving privileges after 90 days, I understand that I must visit a full-service driver's license exam station and complete a vision, written, and drive exam.

I hereby surrender my valid driver license. I understand that it will be forwarded to The Division of Vehicles, Driver's Licensing.

_____ My valid driver license is not in my possession. I understand that effective today I no longer have the privilege to drive.

Signature: _____ Date: _____

Note: You cannot voluntarily surrender a license if your privileges are or will be suspended, revoked, or cancelled.

You may submit this form by mail, email, or by visiting a full-service driver's license office.

Email: KDOR DL@KS.GOV

Mail: **Driver Services** PO Box 2188 Topeka, KS 66601