[Date]

[Driver Name]
[Driver Address]
[City, State, Zip Code]

Subject: Confirmation of Removal from Authorized Driver List

Dear [Driver Name],

This letter is to formally confirm that, effective [Date], you have been removed from the authorized driver list for [Company/Organization Name].

As of this date, you are no longer permitted to operate any vehicles owned, leased, or insured by [Company/Organization Name]. Please ensure that any company keys, fuel cards, or vehicle documents currently in your possession are returned to [Department/Person Name] by [Return Date].

Our records indicate that your driving privileges were revoked due to [Reason - e.g., end of employment / insurance policy changes / safety violations].

If you have any questions regarding this notification, please contact the [Department Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]