

[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Driver's License Number]
[Phone Number]
[Email Address]

[Date]

[Name of Driver Licensing Authority/DMV]
[Department Name]
[Address]
[City, State, Zip Code]

Subject: Request for Removal of Driver's License Endorsement

To Whom It May Concern,

I am writing to formally request the removal of a specific endorsement from my driver's license. I no longer require this endorsement for my personal or professional activities.

The details of my request are as follows:

- **Endorsement to be removed:** [Type of Endorsement, e.g., Motorcycle (M), School Bus (S), Passenger (P)]
- **License Number:** [Your License Number]
- **Reason for removal:** [Brief reason, e.g., No longer operating this class of vehicle / Medical reasons / Voluntary surrender]

I understand that by removing this endorsement, I am surrendering my legal authority to operate vehicles that require said endorsement. I acknowledge that if I wish to reinstate this endorsement in the future, I may be required to undergo re-testing and pay the applicable fees.

Please find enclosed [mention any required documents, such as a copy of your current license or a specific state form]. Please let me know if there are any administrative fees associated with this request or if further action is required on my part.

Thank you for your assistance with this matter.

Sincerely,

[Signature]

[Your Printed Name]