

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Voluntary Surrender of Driver's License / Removal of Endorsement

To Whom It May Concern,

I, [Full Legal Name], holder of Driver's License number [Your License Number], am writing to formally request the voluntary surrender of my driving privileges.

I am requesting the following action (check one):

- Full surrender of my Driver's License.
- Removal of specific endorsement(s): [List Endorsements, e.g., Motorcycle, CDL].

I am surrendering these privileges voluntarily and not in response to any current legal action, suspension, or revocation. I understand that by surrendering this license/endorsement, I am no longer authorized to operate the corresponding motor vehicles. I further understand that if I wish to regain these privileges in the future, I may be required to complete all testing and application requirements as mandated by state law.

Please find my physical license attached to this letter (if applicable). Please update your records accordingly and provide written confirmation once this request has been processed.

Sincerely,

[Signature]
[Printed Name]