

REQUEST FOR CANCELLATION OR SURRENDER OF A DRIVER LICENSE OR IDENTIFICATION CARD

142

DMV USE ONLY	
Doubled From	_____
To	_____

Information about the document being cancelled or surrendered	NAME OF PERSON AS SHOWN ON THE LICENSE OR IDENTIFICATION CARD TO BE CANCELLED		
	ADDRESS	CITY	STATE ZIP CODE
	LICENSE OR ID CARD NUMBER TO BE CANCELLED	DATE OF BIRTH	LOCATION OF LICENSE <input type="checkbox"/> Lost/destroyed <input type="checkbox"/> Attached <input type="checkbox"/> Other (explain on reverse)
Voluntary surrender or cancellation of a DL or ID Card	I voluntarily surrender and request the cancellation of my: <input type="checkbox"/> Driver License (DL) or <input type="checkbox"/> Identification Card (ID) Reason for the cancellation or surrender: _____		
Person cancelling minor child's application or driver license	Is the license in the minor's possession? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a change in custody of the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No I certify under penalty of perjury under the laws of the state of California that: (check one) <input type="checkbox"/> I signed the minor's application for a license. <input type="checkbox"/> I did not sign the application but I gave written consent to the issuance of the minor's license. <input type="checkbox"/> I did not sign the application but now have custody of the minor.		
Signature of person completing the form	PRINT YOUR NAME		
	SIGNATURE X	DATE	
	ADDRESS		
DMV Employee	SIGNATURE OF EMPLOYEE AND ID NUMBER X	OFFICE NUMBER	DATE

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CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS

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