

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.org
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