



Field Services Division
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Fax: (775) 684-4992
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VOLUNTARY LICENSE SURRENDER

I am voluntarily surrendering my Nevada driver's license to the Department of Motor Vehicles.

Printed Name _____
As It Appears on the License Being Surrendered

License No. _____

- Reason: Insurance Reasons
 Confidential Medical Purposes
 Other _____

PLEASE
ATTACH
LICENSE
HERE

Signature of Person Surrendering License

Date

Field Services Representative
DLD-5 (Revised 01/2007)

Date