



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

SURRENDER OF DRIVING PRIVILEGE(S)

CUSTOMER INFORMATION

NAME (PRINT LAST, FIRST MIDDLE)	DATE OF BIRTH	ODL / CUSTOMER NUMBER
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SURRENDER OF PRIVILEGES

I am surrendering my: (Check appropriate box(es).)

- | | |
|---|---|
| <input type="checkbox"/> Out of State Commercial Driver License (CDL) | <input type="checkbox"/> Oregon or Out of State Non-Commercial Driver License |
| <input type="checkbox"/> CDL Endorsement(s): _____ | <input type="checkbox"/> Instruction Permit |
| <input type="checkbox"/> Commercial Learner's Permit (CLP) | <input type="checkbox"/> Motorcycle Endorsement |

If I wish to regain the privileges I have surrendered, I understand that I MUST take and pay for all required tests and fees. My actions have been explained to me and I understand the results of surrendering my driving privileges.

SIGNATURE X	DATE
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FIELD OFFICE USE ONLY

COUNTER / DATE STAMP	TSR ID
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