



DRIVER LICENSE SURRENDER FORM



Applicant and Current License Information		
Applicant last name	First name	Middle name
Last four digits of Social Security Number (xxxx)		Date of birth (mm/dd/yyyy)
Current (surrendered) driver's license number		State of issue

Please check below all boxes that apply to the current transaction.

- I am applying for a Driver License or CDL License in the State of New Mexico. My Driver Record in the state of _____ indicates that I have a valid license in that state.
- I am applying for an Identification Card (ID) in the State of New Mexico. By doing so I understand that I am surrendering my commercial driver's license (CDL) and driving privileges. I understand that I will have to take the written tests, eye test and skills tests and pay all fees associated with a new Commercial Driver's License in order to get the CDL license reissued.
- I am applying for an Identification Card (ID) in the State of New Mexico. By doing so I understand that I am surrendering my (non-commercial) driver's license and driving privileges. I understand that, depending on how much time has passed, I may have to re-take the written and road tests in order to get the license reissued. A new vision test will be required and regular license fees will apply.

Under New Mexico's one license law:

- I hereby surrender my _____ Driver or CDL License. I understand that the New Mexico Motor Vehicle Division will invalidate it and return it to me for destruction.
- I attest that my _____ Driver or CDL License is lost or has been stolen. I understand that the lost or stolen license, even if found or recovered, will no longer be valid.

I understand that if I am licensed in another jurisdiction, this information will be forwarded to the other jurisdiction.

I certify that all statements on this form are true. I agree and understand that any misstatement of material facts may result in the cancellation or denial of my New Mexico Driver License under New Mexico statute, Section 66-5-24 NMSA, Paragraph A.

Applicant signature

Date

MVD representative

Field office #

Date