



Driver and Vehicle Services

445 Minnesota Street, St. Paul, Minnesota 55101

Phone: 651/296-6911 TTY: 651/282-6555

Internet: <http://www.dps.state.mn.us>

TO ENSURE THAT THIS REQUEST IS PROCESSED IN A TIMELY MANNER, PLEASE PRINT LEGIBLY

Full name, date of birth and Minnesota Driver's License Number as it appears on the Minnesota Driver's License of the individual whose driving privileges are to be cancelled or reinstated:

First Name _____ Middle Name _____ Last Name _____

Date of Birth / / Minnesota Driver's License Number _____
 M D Y

PARENTAL CONSENT/VOLUNTARY SURRENDER

- I am requesting that the Driver and Vehicle Services Division **CANCEL** the driving privileges of the above named child, who is under the age of 18.
- I am over the age of 18 and I voluntarily request the **CANCELLATION** of my driving privileges.

REINSTATEMENT

- I request that the driving privileges of the above named child, who is under the age of 18, be reinstated. I understand that he or she may **NOT** operate a motor vehicle until he or she receives written notification of the reinstatement of their driving privileges from the Driver and Vehicle Services Division.
- I am over the age of 18 and request that my driving privileges be reinstated. I understand that I may **NOT** operate a motor vehicle until I receive written notification of the reinstatement of my driving privileges from the Driver and Vehicle Services Division.

I have read and fully understand the procedures for canceling and reinstating the driving privileges of the above named child. I have informed him or her that he or she may not operate a motor vehicle until he or she receives written notification of the reinstatement of his or her driving privileges from the Driver and Vehicle Services Division. Also, I state that I am the parent or guardian who signed the application originally giving consent to drive or who signed the Parental Consent/Voluntary Surrender form canceling the driving privileges of the above named minor child.

Signature of parent or guardian of the above named minor child _____ Date _____

I have read and fully understand the procedures for voluntary canceling and reinstating my driving privileges. I will not operate a motor vehicle again until I receive written notification of the reinstatement of my driving privileges from the Driver and Vehicle Services Division.

Signature of license holder over the age of 18 _____ Date _____

PS 33061-04

Alcohol & Gambling Enforcement

Bureau of Criminal Apprehension

Capitol Security

Center for Crime Victim Services

Driver & Vehicle Services

Drug Policy & Violence Prevention

Emergency Management / Emergency Response Commission

State Fire Marshal / Pipeline Safety

State Patrol

Traffic Safety

