MINNESOTA DEPARTMENT OF PUBLIC SAFETY



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



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 the i	name, date of birth and Minr ndividual whose driving priv	nesota Driver's License Number ileges are to be cancelled or re	er as it appears on the linstated:	Minnesota Driver's License	of
First	Name	Middle Name	Last Nam	ne .	
Date	of Birth///	Minnesota Driver's License	Number		
PAI	RENTAL CONSENT/VOL	UNTARY SURRENDER			_
	I am requesting that the Dri named child, who is under	iver and Vehicle Services Divi the age of 18.	sion CANCEL the dri	iving privileges of the above	
	I am over the age of 18 and	I voluntarily request the CAN	CELLATION of my	driving privileges.	
REI	NSTATEMENT				
_	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 operate a motor vehicle unt Driver and Vehicle Service	request that my driving privile il I receive written notification s Division.	eges be reinstated. I up of the reinstatement of	nderstand that I may NOT of my driving privileges from	ı the
above she re- Vehic origin	named child. I have informed ceives written notification of the Services Division. Also, I	e procedures for canceling and ed him or her that he or she ma the reinstatement of his or her state that I am the parent or go or who signed the Parental Cor named minor child.	y not operate a motor driving privileges fro ardian who signed the	vehicle until he or m the Driver and e application	
Signat	ure of parent or guardian of	the above named minor child		Date	
privile	ges. I will not operate a mot	e procedures for voluntary can for vehicle again until I receive Driver and Vehicle Services Di	written notification o	my driving f the reinstatement	

PS 33061-04

Signature of license holder over the age of 18

Date