



Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, Secretary & CEO
Erin C. Deveney, Registrar



VOLUNTARY SURRENDER AFFIDAVIT

Medical Affairs Branch
Phone #: 857-368-8020

NAME: _____

DATE OF BIRTH: _____

LICENSE NUMBER: _____

I voluntarily surrender my license. In order to restore my driving privileges I will need to present medical clearance to the Registry of Motor Vehicles.

SIGNATURE: _____

DATE: _____

T21860-0315