

License Cancellation Request Form

Registry of Motor Vehicles
Driver Licensing Department
P.O. Box 55889
Boston, MA 02205-5889

Please complete all the information below and mail the form to the above address or fax it to the Driver Licensing Department at 857-368-0818.

Name (as appears on your MA License): _____

Massachusetts Address: _____

Massachusetts License Number: _____

New Licensing Jurisdiction: _____

“I request that my Massachusetts license be canceled because I have moved and have obtained a license in another jurisdiction. I understand that if I return to Massachusetts and apply for a license, I will have to convert my out-of-state license and surrender that out-of-state license to the Massachusetts RMV. I understand that my signature provided below will be compared to the signature in the RMV records to determine if it matches. I swear (affirm), under the penalties of perjury, that the information I have provided is true and complete.”

Signature: _____ Date: _____

RMV USE ONLY:

Employee ID: _____

Approved/Denied: _____

Date: _____