



Declaration of Surrender for Medical Reasons

I confirm the voluntary surrender of my entitlement to drive. I understand that I may re-apply for the reinstatement of my entitlement to drive when I am able to meet the medical standards for driving.

FULL NAME: (in Capitals) _____

Address: _____

Date of Birth: _____

Driver Number: _____

Diagnosis: _____

You **must** return your current driving licence, please tick appropriate box below:

I have enclosed my driving licence

My Driving licence is not enclosed Lost Stolen Other

If other, please give a brief explanation _____

Signature: _____

Date: _____

Please return this declaration to Drivers Medical Group, DVLA, SWANSEA, SA99 1TU