



## Your details

Fill in all required sections so we can find your driving licence record. If any information is missing, we may not be able to process your request.

1. Full name (required):

2. Date of birth (required):

3. Full address (required):

4. Driving licence number (required):

5. Email address (optional):

6. Telephone number (optional):

7. What is the reason for giving up (surrendering) your driving licence?  
Tell us about any health conditions and reasons below:

**Following medical advice about driving**

You must follow your healthcare professional’s advice on driving. If they have advised you not to drive, you must not drive. In some cases, you may need to stop driving for a set period. Your healthcare professional will be able to advise you about this. If you choose to voluntarily give up (surrender) your driving licence, you are giving up your entitlement to drive a vehicle.

**Statement of surrender**

I confirm the voluntary surrender of my entitlement to drive. I understand that I am giving up my entitlement to drive a vehicle and I may reapply for the reinstatement of my entitlement to drive when I am able to meet the required medical licensing standards for driving.

**Put an ‘X’ in the box to confirm you would like to give up (surrender) your driving licence.**

Today’s date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email this declaration to:**

[eftd@dvla.gov.uk](mailto:eftd@dvla.gov.uk)

**Or return by post to:**

Drivers Medical Group  
DVLA  
Swansea  
SA99 1TU