Driver & Vehicle Licensing Agency

# Lorry or bus (Group 2) – Statement of medical surrender

**D1017**

## 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.**

### 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.

1. Full name (required):

2. Date of birth (required):

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3. Full address (required):

Postcode:

4. Driving licence number (required):

5. Email address (optional):

6. Telephone number (optional):

# Statement of surrender

**Choose one of the options below and put an 'X' in the box that applies:**

**Option 1**

I do not want to surrender my lorry or bus (Group 2) entitlement and I authorise my healthcare professionals to release confidential information to the Secretary of State's DVLA doctor. [X]

**Option 2**

I enclose a certificate from my healthcare professional confirming that I am unfit to hold lorry or bus (Group 2) entitlement. I require a formal notice withdrawing this entitlement for insurance purposes and my driving licence is enclosed. [X]

**Option 3**

I want to surrender my lorry or bus (Group 2) entitlement and my driving licence is enclosed. [X]

**Option 4**

I want to surrender **both** my car or motorcycle (Group 1) and my lorry or bus (Group 2) entitlement and my driving licence is enclosed. [X]

**Your signature:**

**Today's date:**

D D M M Y Y Y Y

**Return by post to:**

Drivers Medical Group
DVLA
Swansea
SA99 1TU

**Driving licence number (required):**

# Healthcare professional certificate of driver fitness

**Complete this form to indicate that your patient is not fit to hold lorry or bus (Group 2) driving entitlement.**

1. Patient's full name (required):

2. Patient's date of birth (required):

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3. Patient's full address (required):

Postcode:

## Healthcare professional declaration

I certify that the above patient cannot satisfy the medical standards required for lorry or bus (Group 2) driving and is therefore unfit to hold such a driving licence. (Put an 'X' in the box.) X

Details of the patient's health conditions:

**Healthcare professional's full name:**

**Healthcare professional's signature:**

Surgery stamp

**Today's date:**

D D M M Y Y Y Y

Note: An invoice must be enclosed to receive the payment of £12.50.