

REQUEST FOR CANCELLATION OR SURRENDER OF A DRIVER LICENSE OR IDENTIFICATION CARD

DMV	USE ONLY
Doubled From .	
To .	

	NAME OF PERSON AS SHOWN ON THE LICENSE OR IDE	NTIFICATION CARD	TO BE CANCELLED			
Information about the document	ADDRESS		CITY			STATE ZIP CODE
being cancelled						
or surrendered	LICENSE OR ID CARD NUMBER TO BE CANCELLED	DATE OF BIRTH	LOCATION OF LICE	ENSE ed		her (explain on reverse)
Voluntary surrender	I voluntarily surrender and request the can	L cellation of my:	<u>'</u>			tification Card (ID)
or cancellation of a DL or ID Card	Reason for the cancellation or surrender:			······································		
a DL or ID Card			.lo			
D						
Person cancelling minor child's						
application or	☐ I signed the minor's application				,	
driver license	I did not sign the application b				of the mind	or's license.
	☐ I did not sign the application b	ut now have cu	stody of the mi	inor.		
Signature	PRINT YOUR NAME					
of person	SIGNATURE					DATE
completing the form	ADDRESS					
tile form	ASSILECT					
DMV Employee	SIGNATURE OF EMPLOYEE AND ID NUMBER			OFFICE NUMBE	R	DATE
DL 142 (REV. 12/2014) WWW						
DL 142 (REV. 12/2014) WWW						
DL 142 (REV. 12/2014) WWW	CUT ON LINE AND KEEP 1	HIS PART FOR	 YOUR RECORD			
DL 142 (REV. 12/2014) WWW						142
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DHU	REQUEST FOR CAN SURRENDER OF A DR IDENTIFICATI	ICELLATION IVER LICE ION CARD	ON OR ENSE OR TO BE CANCELLED	Do	ubled From To	USE ONLY
Department of Motor Vehicless Information about the document	REQUEST FOR CAN SURRENDER OF A DR IDENTIFICATI	ICELLATION IVER LICE ION CARD	ON OR ENSE OR	Do	ubled From To	USE ONLY
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