



DRIVER AND VEHICLE
LICENSING AGENCY

ONLINE

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: _____

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.