



# Motor Vehicle Division

Mail Drop 533M  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## DRIVER LICENSE/ID CANCELLATION REQUEST

96-0384 R01/11 www.azdot.gov

Licensee Name on Record (first, middle, last, suffix)		Date of Birth	
Street Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

License Type		
<input type="checkbox"/> Driver License or Permit <input type="checkbox"/> Identification Card		
License Number	Issue Date	Expiration Date

### Licensee Use

I request cancellation of my license. I understand that I must reapply for a driver license before operating a motor vehicle.

Licensee Signature\*

\* Power of attorney is required if not signed by the licensee.

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

### Legal Guardian Use

I request the cancellation of the license for the minor named as Licensee above.

Legal guardian relationship to the driver (check one):

- 1. Natural parent, married to the other natural parent
- 2. Natural parent with sole custody
- 3. Full legal guardian (proof required)
- 4. Natural parent, not married to the other natural parent, but share joint custody
- 5. Other:

I signed the original license application as legal guardian.

Guardian Name	Signature
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Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires