EMPLOYEE'S NAME

## West Virginia Department of Transportation

## **Division of Motor Vehicles Expired CDL Voluntary Surrender Letter**



1-800-642-9066 • dmv.wv.gov

Identification Information			
NAME			WV LICENSE/ID NUMBER
NAME			WV LICENSE/ID NUMBER
STREET ADDRESS			OUT OF STATE LICENSE/ID NUMBER (IF APPLICABLE)
			( ) –
CITY	STATE	ZIP	PHONE NUMBER
Please initial the box below to indicate tha	t you have read and und	lerstand	
My Commercial Driver's License (CDL) i	s expired and I need to d	btain a new Medi	ical Examiner's Certificate (MEC).
I understand the following:			
<ul> <li>I must surrender my CDL,</li> </ul>			
• I will be issued a <u>30-day</u> temporary (	Class E "Not for Federal"	Driver's License, w	hich is necessary to obtain my new MEC,
<ul> <li>I must submit a valid MEC within 30</li> </ul>	days of the date on this	form to restore m	ny CDL,
<ul> <li>I will be required to complete and p within the 30 days provided.</li> </ul>	bass both the knowledge	and skills test for	my CDL if do not provide the MEC form
(X)		/ /	
CUSTOMER'S SIGNATURE	DA	TE //	
			, ,

LOCATION