State of Maine

Bureau of Motor Vehicles

Cancellation Request Form

THIS SECTION TO BE COMPLETED BY DRIVER (Please print)

Name _____ Date of Birth _____

Address _____ License/History Number _____

_____ Telephone _____

TO BE COMPLETED BY DRIVER

Please attach your current driver's license to this form and return to:

Secretary of State
Bureau of Motor Vehicles,
Medical Review Unit
29 State House Station
Augusta, ME 04330-0029

I understand that once my license is cancelled, I will not be able to legally operate any motorized vehicle on public roads. Should I wish to have my license reissued, I will have to comply with the following requirements:

1. Submit a written request for reissuance of license.
2. Submit a favorable medical/vision report regarding the condition listed on your license cancellation notice. The medical or vision report must be completed by an appropriately qualified health care provider or eye care specialist who has evaluated you within the past 12 months.
3. Successfully complete the operator's examination, including vision, written and road examinations.
4. While there is no re-application fee, there are applicable licensing fees.

If you wish to purchase a State of Maine photo identification card, you may go to a local Motor Vehicle Branch Office or Mobile Unit. When purchasing a State of Maine photo identification card you must provide proof of legal presence and Maine residency if you have not previously done so, as well as providing two forms of identification. You may visit our website for further information.
http://www.maine.gov/sos/bmv/licenses/getlicense.html

I hereby request the Secretary of State to cancel my driver's license due to _____

_____

Signature _____ **Date** _____

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Veterans please visit the Bureau of Veterans' Services website at http://www.maine.gov/dvem/bvs for information on state and federal benefits your military service may have earned you.