



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

DMV USE ONLY

Doubled From _____

To _____

Information about the document being cancelled or surrendered	NAME OF PERSON AS SHOWN ON THE LICENSE OR IDENTIFICATION CARD TO BE CANCELLED			
	ADDRESS		CITY	STATE ZIP CODE
	LICENSE OR ID CARD NUMBER TO BE CANCELLED		DATE OF BIRTH	LOCATION OF LICENSE
			<input type="checkbox"/> Lost/destroyed <input type="checkbox"/> Attached <input type="checkbox"/> Other (explain on reverse)	
Voluntary surrender or cancellation of a DL or ID Card	I voluntarily surrender and request the cancellation of my: <input type="checkbox"/> Driver License (DL) or <input type="checkbox"/> Identification Card (ID)			
	Reason for the cancellation or surrender: _____			
Person cancelling minor child's application or driver license	Is the license in the minor's possession? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is there a change in custody of the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	I certify under penalty of perjury under the laws of the state of California that: (check one)			
	<input type="checkbox"/> I signed the minor's application for a license. <input type="checkbox"/> I did not sign the application but I gave written consent to the issuance of the minor's license. <input type="checkbox"/> I did not sign the application but now have custody of the minor.			
Signature of person completing the form	PRINT YOUR NAME			
	SIGNATURE X			DATE
	ADDRESS			
DMV Employee	SIGNATURE OF EMPLOYEE AND ID NUMBER X		OFFICE NUMBER	DATE

DL 142 (REV. 12/2014) WWW

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



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	PRINT YOUR NAME			
	SIGNATURE X			DATE
ADDRESS				
DMV Employee	SIGNATURE OF EMPLOYEE AND ID NUMBER X		OFFICE NUMBER	DATE