

LOST DRIVER LICENSE STATEMENT

Please print legibly

Name: _____

Date of Birth: _____

Current Address: _____ City: _____ State: ____ Zip Code: _____

Driver License #: _____

Social Security#: _____

Date of Loss: _____

(Must use a date, not "last year", "last month", or "I don't know"; if no date given we will use the date that the statement is received in the office).

Details of Loss: _____

I declare and affirm under the penalties of perjury that this statement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any license issued to immediate cancellation.

Signature

(SEAL)

Notary/Examiner/Clerk of Courts Signature

Date