



Driver License Division

Withdrawal / Restoration of Authorization for Minor's License

Name of Licensee

Driver License Number

- It is my desire and I hereby request that my authorization be **withdrawn** from the above listed person. I understand that this license will be cancelled.
- It is my desire and I hereby request that my authorization be **restored** to the application of the above listed person. I understand that this license will be reinstated.

Signature of Authorizing Parent or Guardian

Printed Name of Authorizing Parent or Guardian

Driver License Number

Sworn to and subscribed before me an office duly authorized to administer oaths on this the ____ day
of _____, 20 ____.

DPS Customer Service Representative / Supervisor