

STATEMENT OF LOST MOTOR VEHICLE OPERATOR'S LICENSE/PERMIT

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FINANCIAL RESPONSIBILITY

October 1, 2016



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NAME:	DATE OF BIRTH:
LICENSE NUMBER:	SOCIAL SECURITY NUMBER (OPTIONAL):
MAILING ADDRESS:	
I depose and state that I have lost my Motor Vehicle Operator's License and/or Permit listed above. I fully realize that by making this affidavit the said Operator's License and/or Permit is null and void and may not be used for operating purposes.	
SIGNATURE:	DATED:
WITNESS SIGNATURE:	DATED: