



**STATEMENT OF LOST
MOTOR VEHICLE OPERATOR'S LICENSE/PERMIT**

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:	