



WRITTEN REQUEST TO CANCEL FINANCIAL LIABILITY

State Form 55834 (R2 / 5-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-24-9-4.

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N413
Indianapolis, IN 46204

* This agency is requesting your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. An individual (the affiant) who signed the financial liability for a learner's permit or driver's license application for a minor applicant may complete this form to request that the minor's learner's permit or driver's license be canceled.
 3. The completed form may be mailed to the address listed above, faxed to (317) 233-3138 or submitted in person at any BMV location.
 4. Please allow seven (7) to 10 business days for processing.

MINOR DRIVER'S INFORMATION			
Name of Minor	Date of Birth (mm/dd/yyyy)	Driver's License Number	Social Security Number *
Street Address (number and street)	City	State	ZIP Code
AFFIANT INFORMATION			
Name of Affiant	Relationship to Minor		
Street Address (if different from Minor)	City	State	ZIP Code
Driver's License Number	Issuing State	E-mail Address (optional)	
I swear or affirm under the penalty of perjury that the information entered on this form is true and correct, that I am the individual who signed financial liability for the learner's permit or probationary driver's license for the above named minor, and that I am filing a written request to cancel the learner's permit or probationary driver's license of the above named minor.			
Signature of Affiant			Date Signed (mm/dd/yyyy)