

Request for Driver's License Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Department of Motor Vehicles]

[Address]

[City, State, Zip Code]

Dear [DMV Official's Name or "to whom it may concern"],

I am writing to formally request the renewal of my driver's license, which is set to expire on [Insert Expiration Date]. As a disabled driver, I rely heavily on my vehicle for transportation and daily activities.

My driver's license number is [Insert License Number]. I have attached the needed medical documentation to support my ongoing eligibility for licensure as a disabled driver.

I would greatly appreciate your prompt attention to this matter, as I wish to avoid any lapse in my driving privileges. Thank you for your consideration.

Sincerely,

[Your Name]