

# STATEMENT OF NON-OWNERSHIP OF VEHICLE(S)

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION


 PA Department of Transportation • Bureau of Driver Licensing  
 P.O. Box 68693 • Harrisburg, PA 17106-8693

**ALL INFORMATION MUST BE COMPLETED**

DRIVER'S LICENSE NUMBER										LAST NAME																				JR/ETC	
FIRST NAME										MIDDLE NAME																					
DATE OF BIRTH (must be listed)			TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)										E-MAIL ADDRESS (if applicable)																		
Month	Day	Year	(       )																												

<b>CHANGE OR CORRECTION OF ADDRESS</b>									
<b>ADDRESS CHANGE</b> - A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.									
NEW STREET ADDRESS									
CITY						STATE		ZIP CODE	
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a registered voter, you may contact your county voter registration office.									

I, _____, hereby state that I <small>PLEASE PRINT NAME</small>	
do not own any Motor Vehicles currently registered in the Commonwealth of Pennsylvania. I certify that all information given on this statement is true and correct. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form.	
_____	_____
SIGNATURE IN INK	DATE
<b>WARNING:</b> Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500.00 and/or imprisonment up to one year (18 PA C.S. Section 4904(b)).	