

ACKNOWLEDGMENT OF SUSPENSION/ REVOCAION/DISQUALIFICATION/CANCELLATION AS REQUIRED UNDER SECTION 1541 OF THE VEHICLE CODE

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

If you have a valid License, Permit(s) and/or Camera Card in your possession, you **MUST** surrender the valid product to earn suspension credit.

You may not retain your PA Driver's License for photo identification purposes.

This form may **ONLY** be used under the circumstances listed in Section B.

ALL information in Section A, B, & C **MUST** be completed with a Signature and Date or credit will not be given.

A	PA DRIVER'S LICENSE/PERMIT NUMBER			LAST NAME		JR., ETC.	FIRST NAME	MIDDLE NAME	
	DATE OF BIRTH (must be listed)		TELEPHONE NUMBER			E-MAIL ADDRESS (if applicable)			
	Month	Day	Year	()					
CHANGE OR CORRECTION ONLY									
ADDRESS CHANGE: 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.									

B You **MUST** mark the appropriate box(es) and provide the requested information.

- Never licensed in Pennsylvania.
- License, Permit(s) and/or Camera Card issued by Pennsylvania is:
 - Expired
 - Lost
 - Stolen
 - Mutilated: When? _____
 - Surrendered to or confiscated by the Police. When: _____
What Police Department? _____
- Other: You must indicate the reason that you are unable to surrender your valid License, Permit(s) and/or Camera Card if items 1 or 2 do not apply: (If you have a valid PA Driver's License you may not retain it for photo identification purposes): _____

C ACKNOWLEDGMENT

I, _____ hereby acknowledge that my driving privilege is Suspended/Revoked/Disqualified in Pennsylvania.
PLEASE PRINT

AND

I certify that all information given on this acknowledgment is true and correct and hereby apply for proper credit. I understand that upon restoration, I will be required to apply for the issuance, renewal, or replacement of my Driver's License, Learner's Permit, or Camera Card, whichever is needed, in order to be licensed in Pennsylvania. If using a messenger service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form.

X _____

SIGNATURE IN INK

DATE

WARNING: 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)).

D ADDITIONAL INFORMATION

Unless this document is being submitted by a Court of Record following sentencing, this form must be mailed to:

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

Upon receipt, review and acceptance of this acknowledgment, PennDOT will send you a receipt confirming the date that credit began. If you do not receive this receipt within 3 weeks of your mailing, please contact PennDOT at the telephone numbers listed below to verify that credit has begun:

INFORMATION MONDAY THROUGH FRIDAY (8:00 a.m. to 6:00 p.m.)

◆ In State: 1-800-932-4600 ◆ TDD: 1-800-228-0676 ◆ Out-of-State: 1-717-412-5300 ◆ TDD Out-of-State: 1-717-412-5380