

**STATEMENT OF NON-OWNERSHIP OF VEHICLE(S)**PA Department of Transportation • Bureau of Driver Licensing  
P.O. Box 68693 • Harrisburg, PA 17106-8693

THIS FORM SHOULD BE SUBMITTED 30 DAYS PRIOR TO THE ELIGIBILITY DATE THAT IS LISTED IN YOUR RESTORATIONS REQUIREMENT LETTER

NOTE: THIS FORM IS ONLY VALID FOR 60 DAYS FROM THE DATE THE FORM WAS SIGNED. IF THE FORM EXPIRES PRIOR TO AN INDIVIDUAL'S DRIVING PRIVILEGE BEING RESTORED, A NEW DL-17 IS REQUIRED.

**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						

**CHANGE OR CORRECTION OF ADDRESS****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.						

I, \_\_\_\_\_, hereby state that I  
PLEASE PRINT NAME

do not own any motor vehicle(s) 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

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)).