



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

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

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 the Department. 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.

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

This application will also serve as a request to update your voter registration unless you check this box:

If you are not registered to vote, you will receive an application to register. You must be a U.S. citizen to register to vote in Pennsylvania.

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. 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. If you do not receive this receipt within 3 weeks of your mailing, please contact PennDOT at the telephone numbers listed below:

Visit us at www.dmv.pa.gov or call us at 717-412-5300. TTY callers - please dial 711 to reach us