DL-16LC (12-05) PA Department of Transportation Bureau of Driver Licensing P.O. Box 68693 Harrisburg, PA 17106-8693

## **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

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. Vou mou not votain your DA Driver's License for photo identification nurnesses

	This form may ONLY be used un ALL information in Section A, B	nder the circu	umstance	s listed i	n Section	В.		ate or credit	will ne	ot be give	n.	
A	PA DRIVER'S LICENSE/PERMIT NUMBER	LAST NAME					JR.,ETC.	FIRST NAME			MIDDLE NAME	
	DATE OF BIRTH (must be listed)	SOCIAL SECURITY	NUMBER		TELEPHON	NE NUN	MBER	ı	E-M	AIL ADDRESS		
	Month Day Year	-	-		(	)						
	CHANGE OR CORRECTION ONLY											
	ADDRESS CHANGE: A POST OFFICE BOX NUMBER MA	DRESS 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?  YES NO. If you are not a registered voter, you may contact your county voter registration office.												
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<u>B</u>	ou MUST mark the appropriate box(es) and provide the requested information.											
	<ol> <li>Never licensed in Pennsylvania.</li> <li>License, Permit(s) and/or Camera Card issued by Pennsylvania has:</li> <li>Expired</li> </ol>											
	•											
	□ Lost □ Stolen □ Mutilated: When? □ Surrendered to or confiscated by the Police. When: What Police Department?  3. □ 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):											
_	ACKNOWLEDGMENT											
<u></u>	ACKNOWLEDGWENT											
	I,PLEASE PRINT	hereby acknowledge that my driving privilege is Suspended/Revoked/Disqualified in Pennsylvania.										
	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											
	1	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  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.											
											<del></del>	
Section 4904(b)).									, , , , , , , , , , , , , , , , , , , ,			
D	ADDITIONAL INFORMATION											
	Unless this document is being submi	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										
	PennDOT											
	Upon receipt, review and acceptance receive this receipt within 3 weeks of											
			INFORM	IATION (8	:00 a.m. to	o 6:0	)() 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