DL-16LC (5-03)

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 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.
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)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	E-MAIL ADDRESS

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?

☐ YES ☐ 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.

1. ☐ Never licensed in Pennsylvania.
2. License, Permit(s) and/or Camera Card issued by Pennsylvania has:
   - ☐ Expired
   - ☐ 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): _____

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 (7:00 a.m. to 9:00 p.m.)

✦ In State: 1-800-932-4600 ✦ Out-of-State: 1-717-391-6190
✦ TDD: 1-800-228-0676 ✦ TDD Out-of-State: 1-717-391-6191