

**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****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? YES 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)).