



STATEMENT OF NON-OPERATION OF VEHICLE(S)

For Department Use Only
Bureau of Motor Vehicles • P.O. Box 68674 • Harrisburg, PA 17106-8674

A	CERTIFICATION: THIS STATEMENT IS UNACCEPTABLE IF INSURANCE LAPSE IS GREATER THAN 30 DAYS. ALL INFORMATION MUST BE COMPLETED BY THE VEHICLE OWNER ONLY.					
	I, _____, hereby state that I did not operate or permit operation of the following <div style="text-align: center; font-size: small;">Print Name</div> motor vehicle(s) between ____/____/____ to ____/____/____ due to lapse in insurance coverage. <div style="display: flex; justify-content: space-around; font-size: x-small;"> Insurance Cancellation Date Insurance Replacement Date </div>					
B	APPLICATION INFORMATION					
	Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth	Telephone Number
	Co-Owner Last Name	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth	Telephone Number
C	VEHICLE(S) INFORMATION					
	Title Number	Registration Plate Number	Vehicle Identification Number	Make		
	Title Number	Registration Plate Number	Vehicle Identification Number	Make		
	Title Number	Registration Plate Number	Vehicle Identification Number	Make		
	Title Number	Registration Plate Number	Vehicle Identification Number	Make		
	Title Number	Registration Plate Number	Vehicle Identification Number	Make		
D	APPLICANT SIGNATURE					
	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]).					
	_____ Signature of Owner or Authorized Signer			_____ Date		
	_____ Signature of Co-Owner/Title of Authorized Signer			_____ Date		

INSTRUCTIONS

Send the completed certification to PennDOT at:

Mailing Address: Bureau of Motor Vehicles, PO Box 68674, Harrisburg, PA 17106-8674
 Fax: (717) 772-1550
 Email: FRInsurance@pa.gov.