

**Notice**

**It is strongly recommended that you consult an attorney and/or verify with the Department of Transportation the current requirements pertaining to the attached request.**

**The information contained within this packet is not a substitute for professional legal advice. The Clerk of Courts Office assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, you may call the Dauphin County Referral service at (717) 232-7536.**

**Request for Delay  
of  
Suspension / Revocation / Disqualification  
of  
Pennsylvania Drivers License**

To: PA DEPARTMENT OF TRANSPORTATION  
BUREAU OF DRIVER LICENSING  
CORRESPONDENCE UNIT  
P.O. BOX 68618  
HARRISBURG, PA 17106-8618

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with PA Act No. 1995-48 that amended Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes and included section 1555, I am hereby requesting from the Department a six-month delay on the action the Department took in reference to the following citation.

**Citation #:** \_\_\_\_\_

**Vehicle Code Section:** \_\_\_\_\_

Also, please find enclosed your Certified copy of the Notice of Appeal from the summary criminal conviction that was filed in the Dauphin County Clerk of Courts office.

I understand that the Department **will not grant a six month delay for a violation of 75 Pa.C.S.A. 1786, Required Financial Responsibility**. The Department will not delay such a suspension but will rescind it if the driver/operator provides proof, such as a letter from the insurance company confirming coverage on the date and time the citation was issued) to the Department that the vehicle in question was insured at all appropriate times.

Furthermore, I understand that I may request an additional 6 month delay of the suspension if the summary appeal is still pending but that I must contact the Department prior to the effective date of the suspension and request such additional delay.

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. s 4904, relating to unsworn falsification to authorities.

Respectfully Submitted by:

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_