



Pennsylvania
Department of Transportation

APPLICATION FOR RELIEF FROM ADMINISTRATIVE SUSPENSION

PLEASE READ IMPORTANT INFORMATION ON THE REVERSE SIDE.

A APPLICANT INFORMATION																											
DRIVER'S LICENSE NUMBER												LAST NAME												JR/ETC			
FIRST NAME												MIDDLE NAME															
DATE OF BIRTH			TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)												E-MAIL ADDRESS (if applicable)												
Month	Day	Year	()																								
STREET ADDRESS: A P.O. box number may be used in addition to the actual residence address, but cannot be used as the only address. See below if using an out-of-state address.																											
CITY																											
																				STATE				ZIP CODE			
B ELIGIBILITY REQUIREMENTS																											
Please confirm the following are completed. If not completed, you will be deemed INELIGIBLE for this program.																											
<input type="checkbox"/> Paid or are submitting restoration fee with this application.																											
<input type="checkbox"/> Paid and/or completed all court-ordered obligations .																											
<input type="checkbox"/> Provided or are submitting proof of insurance OR a completed DL-17 (only if no vehicles registered in Pennsylvania are owned) with this application.																											
C ACKNOWLEDGEMENT																											
I certify under penalty of law that all information given on this application is true and correct. I certify under penalty of law that I have paid all fines and costs, am currently on a payment plan, or have arrangement to complete community service related to my suspension or revocation.																											
SIGN HERE																											
APPLICANT'S SIGNATURE IN INK														DATE													
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to one year (18 Pa C.S. Section 4904(b)).																											

INSTRUCTIONS FOR COMPLETING APPLICATION

SECTION A - Fill in all information. If you do not know your license number, please leave those boxes blank. Provide a daytime telephone number (between 8:00 a.m. and 4:30 p.m. Monday through Friday) where PennDOT can reach you, if necessary, to get additional information to process your application.

SECTION B - All boxes must be checked in order to be eligible for this program. Please check all boxes to confirm all requirements have been met. PennDOT will review and verify accuracy of information before determining eligibility.

SECTION C - Read this section before signing. Once you have read and understand the information, sign your name in ink on the line provided. Your application will be rejected if it does not include your signature.

Please mail completed application to the address below:

Pennsylvania Department of Transportation
Bureau of Driver Licensing
Restorations Unit
P.O. Box 68688
Harrisburg, PA 17106-8688

PLEASE NOTE:

ELIGIBILITY CRITERIA FOR THIS PROGRAM INCLUDES ALL OF THE FOLLOWING:

- Current suspension under section 1533(a), (b), or (d), which took place **BEFORE** April 30, 2026.

AND

- Current or pending suspension under section 1543(a) for driving while suspended under 1532(b)(2), 1533 or 6146 **BEFORE** April 30, 2026.

AND

- Suspension for the offense which resulted in a violation of section 1533(a), (b), or (d), has been fully served.