

REQUEST FOR DELAY OF SUSPENSION, REVOCATION OR DISQUALIFICATION

Pursuant to Act 48 of 1995 - Section 1555

Notice to PENNDOT of Filing of Appeal from Summary Conviction

Date: _____

Name: _____

Driver's License: _____

CCP Case#: _____

This is to certify that I have filed an appeal from summary conviction with the Commonwealth of Pennsylvania, _____ County. Please delay my license suspension for six-months.

Signature: _____

Attached: certified/time-stamped copy of appeal

Send to:
PENNDOT
Discrepancy Unit
PO Box 68615
Harrisburg, PA 17106

PLEASE NOTE: USE THIS FORM ONLY IF YOUR LICENSE IS IN JEOPARDY OF SUSPENSION, REVOCATION OR DISQUALIFICATION - NOT FOR REMOVAL OF POINTS, EXAMS OR HEARINGS.