

# STATEMENT OF NON-OPERATION OF VEHICLE(S)

FOR DEPARTMENT USE ONLY

**PLEASE TYPE OR PRINT IN INK ALL INFORMATION**

**NOTE: 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  
Print Name  
operation of the following motor vehicle(s) between \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ due  
Insurance Cancellation Date Insurance Replacement Date  
to lapse in insurance coverage.

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#	Date of Birth	Telephone Number

Title Number	License Plate Number	Vehicle Identification Number	Make

Title Number	License Plate Number	Vehicle Identification Number	Make

Title Number	License Plate Number	Vehicle Identification Number	Make

Title Number	License Plate Number	Vehicle Identification Number	Make

Title Number	License Plate Number	Vehicle Identification Number	Make

\_\_\_\_\_  
Signature of Owner or Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner/Title of Authorized Signer

\_\_\_\_\_  
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]).

*This form may be reproduced.*