

# 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.**