MV-221 (9-07)

PA Department of Transportation
P.O. Box 68674
Harrisburg, PA 17106-8674

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 to lapse in insurance coverage.
Insurance Cancellation Date Insurance Replacement Date

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]).

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