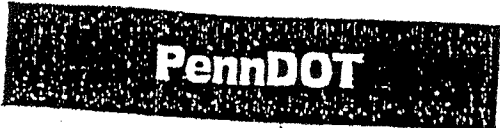


1101 S Front Street
Harrisburg, PA 17104-2516



Fax

To: Scott Patton	From:
Fax: 717-705-1109	Pages:
Mess #:	Date:
Re: Rescind of F Stop	Title #:

Urgent For Review



BUREAU OF MOTOR VEHICLES
 CUSTOMER SERVICE DIVISION
 MESSENGER SERVICE UNIT
 VR REJECTION/TRANSMITTAL SHEET FOR
 INSURANCE SUSPENSIONS

Messenger Number _____

Date _____

Dear Customer: In order to process your motor vehicle application, please submit the additional information checked below. After the requested information is completed, **please resubmit your application for processing to the Department together with this sheet.**

Applicant's Name _____

Title # _____ Plate # _____ Date Submitted _____

Date Resubmitted _____

Date Rejected _____ Initial _____ Date Processed _____

1st 2nd 3rd

___ ___ ___ Needs \$50.00 restoration fee unless proof of insurance can be provided prior to July 1, 1990, to present, with no lapse of coverage.

___ ___ ___ Due to insufficient data, the Department requires you provide proof of insurance as of the effective date of this suspension: _____ to present, otherwise see "a" or "b" listed below.

___ ___ ___ Must show proof of insurance from this date _____ to present, with the lapse of insurance of 30 days or less, otherwise see "a" or "b" listed below. If the lapse of insurance was 30 days or less, the Department requires a notarized statement indicating the vehicle was not driven during the lapse.

___ ___ ___ Require a letter either from your insurance company or your agent on their letterhead stating this vehicle was covered by insurance on _____ (date of accident/violation). **IMPORTANT:** The date of the accident/violation **MUST** be stated in the letter. The letter must include the Insurance Company Name, Policy Number, Vehicle Identification Number (VIN) of the vehicle in question, and the effective date and expiration date of the policy. Otherwise, see "a" or "b" listed below.

___ ___ ___ Require letter from either your insurance company or your agent that vehicle was covered on _____, the date of the registration renewal. **IMPORTANT:** The date must be stated in letter. The letter must include the Insurance Company Name, Policy Number, VIN number of the vehicle in question, and the effective and expiration date of the insurance policy.

___ ___ ___ The insurance binder attached is expired. Please submit a copy of the Financial Responsibility Card or a copy of the Insurance Declaration page.

___ ___ ___ The vehicle in question is not on insurance documents.

___ ___ ___ Require a letter from _____ on their letterhead that coverage was in effect from _____ with a lapse of 30 days or less. If lapse was less than 30 days, need a notarized statement. The letter must include the Insurance Company Name, Policy Number, VIN number of the vehicle in question, and the effective date and expiration date of the insurance policy.

___ ___ ___ Insurance documents attached are not acceptable for proof of insurance. Please submit one of the following:

- A valid Binder or Assigned Risk application for insurance,
- Declaration page from the insurance policy.
- Financial Responsibility Card - **NOTE:** Handwritten I.D. cards are not acceptable
- Submit standard I.D. card or entire binder.

- ___ a. Must return plate to Department to start three month suspension.
- ___ b. Must pay \$50.00 restoration fee either now or at end of suspension.
- ___ c. Provide current proof of insurance **at end of suspension.**
- ___ d. Tag has been returned to Department, release date on suspension is _____

NOTE: Letter and I.D. cards must state which specific company provides coverage.