

ENDL1002(04/98)

DEPARTMENT OF TRANSPORTATION

BUREAU OF DRIVER LICENSING
HARRISBURG, PA 17104-2516

Bureau of Driver
Harrisburg, PA
NOVEMBER 13,

JOSEPH C WAIKSNIS
40 EASTHALF HOLLOW ROAD
DIX HILLS NY 11746

**DROP SHIPMENT
AUTHORIZATION 2E-4
VALID AT READING, PA**

**PRESORTED
FIRST CLASS**

**HARRISBURG
PA
NOV 10 1998**

PERMETER
6833906

**U.S. POSTAGE
0 23 8**



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION
Bureau of Driver Licensing
Harrisburg, PA 17123
NOVEMBER 13, 1998

JOSEPH C WAIKSNIS
40 EASTHALF HOLLOW ROAD
DIX HILLS NY 11746

983106116011810 001
11/06/1998
24166764
01/26/1963

Dear Motorist:

As a result of your conviction on 04/20/1998 of violating Section 3736 of the Vehicle Code, RECKLESS DRIVING on 03/09/1993, your driving privilege is being SUSPENDED for a period of 6 MONTH(S) as mandated by Section 1532B of the Vehicle Code.

In order to comply with this sanction, complete the enclosed DL-16LC Form(Acknowledgment of Suspension/ Revocation/ Disqualification) or a letter acknowledging the sanction of your driving privilege.

Credit will not begin until the DL-16LC Form is received by this Bureau.

WHEN THE DEPARTMENT RECEIVES YOUR FORM, WE WILL SEND YOU A RECEIPT. IF YOU DO NOT RECEIVE THIS RECEIPT WITHIN 15 DAYS, CONTACT THE DEPARTMENT IMMEDIATELY. OTHERWISE, YOU WILL NOT BE GIVEN CREDIT TOWARD SERVING THIS SANCTION.

The effective date of suspension is 11/13/1998, 12:01 a.m.

The above mentioned sanction is in addition to any previously issued sanction(s).

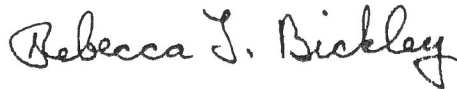
You will be notified of any outstanding restoration requirements approximately 30 days before the eligibility date of the restoration of your driving privilege. You must follow those instructions very carefully in order to have your driving privilege restored.

APPEAL

You have the right to appeal this action to the Court of Common Pleas (Civil Division) within 30 days of the mail date of this letter, NOVEMBER 13, 1998. If you file an appeal in the County Court, the Court will give you a time-stamped certified copy of the appeal. Send this time-stamped certified copy of the appeal by certified mail to:

PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
OFFICE OF CHIEF COUNSEL
THIRD FLOOR, RIVERFRONT OFFICE CENTER
HARRISBURG, PA. 17104-2516

Sincerely,



Rebecca L. Bickley, Director
Bureau of Driver Licensing

SEND FEE/LICENSE/DL-16LC/TO:
Department of Transportation
Bureau of Driver Licensing
P.O. Box 68693
Harrisburg, PA 17106-8693

INFORMATION (7:00 AM TO 9:00 PM)
IN STATE 1-800-932-4600
OUT-OF-STATE 717-391-6190
TDD IN STATE 1-800-228-0676
TDD OUT-OF-STATE 717-391-6191

ENDL1001DLC (05/93)
FROM _____

PA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING
P O BOX 68693
HARRISBURG PA 17106-8693

ACKNOWLEDGMENT of
SUSPENSION/REVOCAION/DISQUALIFICATION/CANCELLATION AS REQUIRED UNDER
SECTION 1541 OF THE VEHICLE CODE

Please Print All Information in Ink

ALL information MUST be completed or credit will not be given. **All credit will be based on the postmark date of your mailing.**

INSTRUCTIONS FOR FILLING OUT THIS FORM:

1. **SECTION A:** Please provide any personal information that is not already completed.
2. **SECTION B:** If you have a change of address, please provide this information. NOTE: Your voter registration will be changed unless you check the box below your new address information.
3. **SECTION C:** Please sign this section, otherwise this form **WILL BE REJECTED.**
4. **SECTION D:** Please send this form to the address listed in SECTION D.

If you are a resident of Pennsylvania, you are eligible for a photo identification card. You may apply for a photo identification card at any Driver License Center for a cost of 9.00. You must present two (2) forms of proper identification (i.e., birth certificate, valid U.S. passport, marriage certificate, voter registration, etc.) in order to obtain your photo identification card.

PA Driver's License Number	Last Name	Jr., etc.	First Name	Middle Name
24166764	WAIKSNIS		JOSEPH	
Date of Birth:	Social Security Number	Daytime Telephone Number		
01/26/1963	-- --	()		

B CHANGE OR CORRECTION OF ADDRESS				
New Street Address	City	State	Zip Code	
<input type="checkbox"/> By law, if you are registered to vote, this application will change your voter registration address unless you check here.				

C ACKNOWLEDGMENT AND CERTIFICATION
<p>I, _____, hereby acknowledge that my driving privilege is Suspended/Revoked/Disqualified in Pennsylvania. Please Print Your Name</p> <p style="text-align: center;">AND</p> <p>I certify that all information given on this acknowledgment is true and correct, and hereby apply for proper credit. I understand that upon restoration, I will be required to apply for the issuance, renewal or replacement of my Driver's License, Learner's Permit or Camera Card, whichever is needed in order to be licensed in Pennsylvania. If I use a messenger service, I hereby authorize PennDOT to furnish them with my driving record for the purpose of processing this form.</p> <p>X _____ Signature In Ink Date</p> <p>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)).</p> <p>PLEASE NOTE: If you feel you are entitled to credit based on a date other than the postmark date of your mailing, or if you have already surrendered your driver's license or submitted an affidavit, please explain. _____</p> <p>_____</p>

D ADDITIONAL INFORMATION
<p>This form must be mailed to: PennDOT + Bureau of Driver Licensing + P.O. Box 68693 + Harrisburg, PA 17106-8693</p> <p>Upon receipt, review and acceptance of this acknowledgment, PennDOT will send you a receipt, confirming the date that credit began. If you do not receive this receipt within 3 weeks of your mailing, please contact PennDOT at the telephone number(s) listed below:</p> <p style="text-align: center;"><i>INFORMATION (7:00 a.m. to 9:00 p.m.)</i> In State: 1-800-932-4600 TDD In State: 1-800-228-0676 Out-of-State: 1-717-391-6190 TDD Out-of-State: 1-717-391-6191</p>

Please keep a copy of this form for your records.