

NON-COMMERCIAL DRIVER'S LICENSE

APPLICATION FOR CHANGE / CORRECTION / REPLACEMENT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



pennsylvania

DEPARTMENT OF TRANSPORTATION

Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17106-8272

PLEASE READ IMPORTANT INFORMATION ON THE REVERSE SIDE.

CHECK APPLICABLE BLOCK:

☐ REPLACEMENT (DUPLICATE) — Complete Sections A, B, (C & D if applicable), E and F. All requests must be notarized. Complete absence statement on reverse side if applicable.

☐ CHANGE or CORRECTION of Non-Commercial License. Complete Section A, C and F. Notarization is not required. An update card will be issued.

|   |     |  |           |           |                        |                                |             |                                       |             |   |  |
|---|-----|--|-----------|-----------|------------------------|--------------------------------|-------------|---------------------------------------|-------------|---|--|
| <b>A YOU MUST COMPLETE ALL PARTS OF SECTION A</b>   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| DRIVER'S LICENSE NUMBER   |     |  | LAST NAME |           |                        |                                | JR/ETC      |                                       |             |   |  |
| FIRST NAME  |     |  |           |           |                        |                                | MIDDLE NAME |                                       |             |   |  |
| DATE OF BIRTH   |     | TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.) |           |           |                        | E-MAIL ADDRESS (if applicable) |             |                                       |             |   |  |
| Month   | Day | Year                                   |           |           |                        |                                |             |                                       |             |   |  |
| <b>B APPLICATION FOR REPLACEMENT (CHECK ONE)</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> REGULAR CAMERA CARD <input type="checkbox"/> PHOTO LICENSE <input type="checkbox"/> UPDATE CARD  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> LOST <input type="checkbox"/> MUTILATED  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> STOLEN <input type="checkbox"/> SURRENDERED OUT-OF-STATE   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> NEVER RECEIVED (No Fee Required) <input type="checkbox"/> OTHER _____  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> CORRECTION _____   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>ORGAN DONOR DESIGNATION</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> ADD (Parental consent in Section D required if under 18)   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> REMOVE   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>C CHANGE OR CORRECTION ONLY (Important information on reverse side)</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>ADDRESS CHANGE</b> – A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. See reverse if using an out-of-state address.   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| NEW STREET ADDRESS  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| CITY  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| STATE <b>PA</b> ZIP CODE  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| If you are not a registered voter, you may contact your county voter registration office.   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>NAME CHANGE</b> REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| LAST  |     |  |           | JR., ETC. |                        | FIRST NAME                     |             |                                       | MIDDLE NAME |   |  |
| <b>OTHER CHANGES</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| EYE COLOR (Please check one): <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> OTHER _____   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| CORRECTION OF DATE OF BIRTH   |     |  | HEIGHT    |           | SOCIAL SECURITY NUMBER |                                |             | DROP PRIVILEGE:                       |             | SEX   |  |
| MONTH   | DAY | YEAR                                   | FEET      | INCHES    |                        |                                |             | <input type="checkbox"/> Drop Class M |             | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |  |
| <b>D CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE. Complete if Applicant is less than 18 years of age to give consent for Applicant's request for Organ Donor Designation.</b>   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| I hereby certify that I am a <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, <input type="checkbox"/> Person in Loco Parentis <input type="checkbox"/> Spouse at least 18 years of age and I:   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> Do give consent <input type="checkbox"/> Do not give consent for applicant's request for Organ Donor Designation.  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>SIGN HERE</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| (SIGNATURE OF PARENT, ETC.)   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>E ALL MUST BE ANSWERED IF REPLACEMENT IS REQUESTED</b>   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| No person may hold more than one valid license at any time. If you have a license from another state, do not use this form. YOU MUST go to a Driver License Examination Center to surrender your out-of-state license and make application for a replacement PA license.  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| 1. <input type="checkbox"/> YES <input type="checkbox"/> NO - Is your driver's license or driving privilege suspended or revoked in this state or any other state?  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| 2. <input type="checkbox"/> YES <input type="checkbox"/> NO - Have you been arrested or cited in this state or any other state for any violation which carries a possible penalty of suspension or revocation of your driver's license or driving privilege?  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| If yes, give state _____ Date _____ and Reason _____  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>F AUTHORIZATION AND CERTIFICATION</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.) |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| FEE PAID Send Check In This Amount  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| SEE REVERSE FOR FEES  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 PA C.S. Section 4904(b)).   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| AFFIDAVIT: This section must be notarized when applying for replacement (duplicate) Non-Commercial License or Camera Card. You are entitled to a free replacement ONLY if this application is completed within 90 days of the original date of issuance and the original was never received due to loss in the mail.  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| SUBSCRIBED AND SWORN  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| TO BEFORE ME: MO. DAY YEAR  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| Signature of Person Administering Oath  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>S E A L</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>SIGN IN PRESENCE OF NOTARY</b>   |     |  |           |           |                        |                                |             |                                       |             |   |  |
| <b>SIGN HERE</b>  |     |  |           |           |                        |                                |             |                                       |             |   |  |
| (APPLICANT'S SIGNATURE IN INK)  |     |  |           |           |                        |                                |             |                                       |             |   |  |

## APPLICANT INFORMATION

- **Photo Exemption:** Complete form as indicated. Sign both Section "F" and the statement below. PennDOT will send you a camera card and further instructions.

### ABSENTEE EXEMPTION

During the next 60 days I will be absent from PA for the following reason:

☐ Military   ☐ School   ☐ Work   ☐ Travel

Within 45 days of my return I will apply for a driver's license containing my photo.

X \_\_\_\_\_

SIGNATURE HERE

### RELIGIOUS EXEMPTION

I hereby request an exemption from having my photo taken because of my religious affiliation with: \_\_\_\_\_

NAME OF RELIGIOUS GROUP

My religious beliefs forbid the taking of photographs.

X \_\_\_\_\_

SIGNATURE HERE

- **Religious Exemptions:** If requesting a religious exemption, a letter must accompany this application that includes:

- A. The request for the exemption;
- B. The name of the religious group to which the applicant is affiliated;
- C. A statement that the religion's belief forbids the taking of photographs; and,
- D. The applicant's signature.

- **Out-of-State Address Change :** We may not issue driver license products to an out-of-state address, except in the case of an employee of the federal or state government, armed forces personnel, and immediate members of their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application. Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out-of-state and I am employed by, or am the immediate family of a person employed by:

☐ US Armed Forces   ☐ Federal Government   ☐ Pennsylvania State Government

Relationship to person meeting exemption (check one):   ☐ Spouse   ☐ Dependent Child

- Return your completed and signed application with check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.
- If your license is due to expire within six (6) months, **DO NOT** use this form. Complete form DL-143 (Renewal of a Non-Commercial Driver License).
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, P.O. Box 68615, Harrisburg, PA 17106-8615. **After duplicate is issued, the original license is no longer valid.**

| REPLACEMENT OF NON-COMMERCIAL                                   | APPLICATION FOR REPLACEMENT MUST BE NOTARIZED IN SECTION F   |
|---|--|
| <b>PHOTO OR VALID W/O PHOTO NON-COMMERCIAL DRIVER'S LICENSE</b> | *FEE: \$12.00 - The Bureau will issue a camera card, which is a temporary Non-Commercial Driver's License valid for 60 days. During those 60 days, the driver must appear at a photo driver license center for the purpose of having a photo taken. If photo image is on file, the Bureau will issue a Photo Driver's License.<br>*If license is endorsed with Class M, fee is \$17.00 . |
| <b>REGULAR OR "PHOTO EXEMPT" CAMERA CARD</b>                    | *FEE: \$5.00 if photo was not taken with the original camera card.<br>*If license is endorsed with a Class M, fee is \$10.00.  |
| <b>UPDATE CARD</b>  | No Fee.  |
| <b>ORGAN DONOR DESIGNATION</b>                                  | When you are adding or removing the Organ Donor designation, the form must be notarized and a replacement fee is required. Refer to fees above.  |
| <b>ORGAN DONATION AWARENESS TRUST FUND (ODTF)</b>               | You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to the fees above and included in your payment by check/money order. You must also check the block provided in Section F to ensure proper handling of your contribution.   |

|   |  |
|---|--|
| <b>CHANGE/CORRECTION ONLY</b>   | NO FEE REQUIRED — The Bureau will issue an update card reflecting the change/correction which must be carried with the driver's license. Notarization is not required. |
| <p><b>Name Change</b> - If your name changed by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of your Social Security Card (or records), together with copies of documents from two other sources issued in the desired name such as: Tax Records, Selective Service Card, Voter Registration Card, Passport, any form of Photo I.D. issued by a governmental agency, or State issued Birth Certificate.</p> <p><b>IF YEAR OF BIRTH</b> on driver's license is incorrect, attach a copy of your official birth certificate.</p> <p><b>IF Social Security Number</b> is incorrect, attach copy of your Social Security Card.</p> |  |

### PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.