



NON-COMMERCIAL DRIVER'S LICENSE APPLICATION FOR CHANGE / CORRECTION / REPLACEMENT

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

CHECK APPLICABLE BLOCK: [ ] REPLACEMENT (DUPLICATE) - Complete Sections A, B, (C & D if applicable), E and F. All requests marked with an asterisk (\*) 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.

A YOU MUST COMPLETE ALL PARTS OF SECTION A

DRIVER'S LICENSE NUMBER, LAST NAME, JR./ETC, FIRST NAME, MIDDLE NAME, DATE OF BIRTH, TELEPHONE NUMBER, E-MAIL ADDRESS

B APPLICATION FOR REPLACEMENT (CHECK ONE) \*REGULAR CAMERA CARD, PHOTO LICENSE, UPDATE CARD, \*PHOTO-EXEMPT CAMERA CARD, VALID W/O PHOTO LICENSE. REPLACEMENT REQUIRED DUE TO REASON (CHECK ONE) LOST, MUTILATED, STOLEN, CORRECTION, NEVER RECEIVED, OTHER.

Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities. ORGAN DONOR DESIGNATION: [ ] ADD (Parental consent in Section D required if under 18) [ ] REMOVE

C CHANGE OR CORRECTION ONLY (Important information on reverse side)

ADDRESS CHANGE - 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 PA, ZIP CODE

If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? [ ] YES [ ] NO

NAME CHANGE (Please note all name changes must be done in person with original documents) REASON: [ ] MARRIAGE [ ] DIVORCE [ ] OTHER (see reverse side)

LAST, JR., ETC., FIRST NAME, MIDDLE NAME

OTHER CHANGES EYE COLOR (Please check one): [ ] BLUE [ ] BROWN [ ] GREEN [ ] HAZEL [ ] PINK [ ] BLACK [ ] GRAY [ ] DICHROMATIC [ ] OTHER

[ ] ADD LENS RESTRICTION OR [ ] REMOVE LENS RESTRICTION - (Please Note: Must include DL-102 Application completed by Health Care Provider)

CORRECTION OF DATE OF BIRTH, HEIGHT, SOCIAL SECURITY NUMBER, DROP PRIVILEGE, DROP CLASS M

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.

I hereby certify that I am [ ] Parent, [ ] Guardian, [ ] Person in Loco Parentis or [ ] Spouse at least 18 years of age, of the applicant named herein, that the statements made herein are true and correct to the best of my knowledge and that this application is made with my full consent. SIGN HERE (SIGNATURE OF PARENT, ETC.)

E ALL MUST BE ANSWERED IF REPLACEMENT IS REQUESTED

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. [ ] YES [ ] NO - Is your driver's license or driving privilege suspended or revoked in this state or any other state?
2. [ ] YES [ ] NO - Do you have any pending criminal charges or driving violations in this state or any other state which may carry a possible penalty of suspension or revocation of your driver's license or driving privilege?

If yes, give state \_\_\_\_\_ Date \_\_\_\_\_ and Reason \_\_\_\_\_

F AUTHORIZATION AND CERTIFICATION

[ ] For Veterans wishing to add the Veterans Designation to their Driver's License or ID Card: I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license.

I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state. 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.)

[ ] I wish to contribute \$3.00 to the Organ Donation Awareness Trust Fund (see reverse).

[ ] I wish to contribute \$3.00 to the Veterans' Trust Fund. (see reverse)

SIGN HERE (APPLICANT'S SIGNATURE IN INK) DATE

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)).

PAID BY: [ ] Debit/Credit Card [ ] Check [ ] Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash.) TOTAL \$

AFFIDAVIT: This section must be notarized when applying for replacement of a 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, SIGN IN PRESENCE OF NOTARY

**The most current version of this form can be found at: [www.dmv.pa.gov](http://www.dmv.pa.gov)**

- **Veterans Designation:** You have the opportunity to add the veterans designation to your driver's license, which clearly indicates you are a veteran of the United States Armed Forces. To qualify, you must have served in the United States Armed Forces, including a reserve component or the National Guard, and have been discharged or released from such service under conditions other than dishonorable. If you are requesting to add the veterans designation to your license/ID card, make sure you check the box at the top in Section F.
- 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.**
- **Out-of-State Address/Photo Exemption** - If requesting an out of state address or photo exemption you must complete an Out-Of-State Address/Photo Exemption Form (DL-82) and submit along with this form. **NOTE: For Photo Exemption, you must be out of state for the entire next 60 days.**
- 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's 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.**

<b>REPLACEMENT OF NON-COMMERCIAL</b>	Application for replacement of a camera card or a product never received, the form <b>must be notarized.</b>
<b>PHOTO OR VALID W/O PHOTO NON-COMMERCIAL DRIVER'S LICENSE</b>	FEE: \$30.50 - 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. If license is endorsed with Class M, fee is \$35.50.
<b>*REGULAR OR "PHOTO EXEMPT" CAMERA CARD</b>	FEE: \$5.00 if photo was not taken with the original camera card and this form <b>must be notarized.</b> If license is endorsed with a Class M, fee is \$10.00 and this form <b>must be notarized.</b>
<b>UPDATE CARD</b>	No Fee. ( <b>update cards are not issued if requesting a change of Organ Donor designation status</b> )
<b>ORGAN DONOR DESIGNATION</b>	When you are adding or removing the Organ Donor designation a replacement fee is required. Refer to fees above.
<b>ORGAN DONATION AWARENESS TRUST FUND (ODTF)</b>	You have the opportunity to contribute \$3.00 to the Fund. The additional \$3.00 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>VETERANS DESIGNATION</b>	When you are adding or removing the Veterans designation a replacement fee is required. Refer to fees above.
<b>VETERANS' TRUST FUND (VTF)</b>	You have the opportunity to make a tax deductible contribution to the VTF. Your contribution will help support programs and projects for Pennsylvania veterans and their families. Since this additional \$3.00 is not part of the fee, please add the donated amount to your payment. Also, please check the proper block on the form to ensure your contribution is handled properly.

<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 you desire to use your birth name, you must present your state issued birth certificate with a raised seal. If your name changed by permission of court, you must present a Certified Copy of the Court Order. If you desire to use your spouse's surname, you must present your marriage certificate. If you desire to use another name, you must present your Social Security Card, together with 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, banking records, or baptismal certificate.</p> <p><b>To report errors on your driver's license relating to name, date of birth or social security number, please contact PennDOT's Customer Care Center at 717-412-5300. TTY callers - please dial 711 to reach us.</b></p> <p><b>If you are required to present supporting documentation to correct your record, all documents must be originals and presented in person at a PennDOT Driver License Center.</b></p> <ul style="list-style-type: none"> <li>• For <b>NAME</b> corrections, you must present your state issued birth certificate with a raised seal, a Certified Copy of the Court Order or your marriage certificate.</li> <li>• For <b>DATE OF BIRTH</b> corrections, you must present state issued birth certificate with raised seal.</li> <li>• For <b>SOCIAL SECURITY NUMBER</b> corrections, you must present your Social Security Card.</li> </ul> <p style="text-align: center;"><b>*Note: All name changes must be made in person at a Driver License Center. All documents must be original.</b></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.