



NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

YOU MUST APPLY IN PERSON

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION DRIVER'S LICENSE
 The physical date may not be more than 6 months prior to your 16th birthday. **NUMBER/I.D. NUMBER:** _____

LAST NAME (S)											JR./ETC	
FIRST NAME							MIDDLE NAME					
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER				TELEPHONE NUMBER		EMAIL ADDRESS	
MONTH	DAY	YEAR	FEET	INCHES					(8:00A.M. - 4:30P.M.)			
EYE COLOR (Please check one):											OTHER _____	
SEX/GENDER DESIGNATION STATEMENT												
I, _____ wish the gender designation on my Driver's License/ ID Card to read												
PRINT NAME <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Non-Binary/Other (X)												
I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.												
STREET ADDRESS - A Post Office Box number may be used only in addition to the actual street address.							CITY			STATE		ZIP CODE
PERMIT(S) DESIRED: CHECK DESIRED PERMIT(S)											FEE	ENTER FEE FOR EACH ITEM CHECKED
<input type="checkbox"/> CLASS A (Combination Vehicle over 26,000), <input type="checkbox"/> CLASS B (Truck or Bus over 26,000) OR <input type="checkbox"/> CLASS C (Automobile)											\$5.00	
<input type="checkbox"/> CLASS M (Motorcycle) MSEA Fee is included											\$15.00	
LICENSE REQUIRED: MUST CHECK ONE											FEE	ENTER FEE FOR LICENSE CHECKED
<input type="checkbox"/> 4-Year Driver's License											\$30.50	
<input type="checkbox"/> 2-Year Driver's License (Age 65 & Over)											\$20.00	
Trust Fund Contribution(s) - If you wish to contribute to the Organ Donation Awareness Trust Fund (ODTF) and/or the Veterans' Trust Fund (VTF) check the appropriate box(s) and enter total amount to the right. (see reverse)												
<input type="checkbox"/> \$3.00 to the Organ Donation Trust Fund (ODTF) <input type="checkbox"/> \$3.00 to the Veterans' Trust Fund (VTF)												
PAID BY: <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)											TOTAL	\$

ALL QUESTIONS MUST BE ANSWERED (Check [✓] Applicable Block) YES NO

1. Have you ever held or possessed a Driver's License (DL)/Learner's Permit (LP)/Photo Identification Card (ID) from PA or any other state?..... YES NO
 If yes, State: _____ DL/LP/ID #: _____ Name if different than above: _____
 State: _____ DL/LP/ID #: _____ Name if different than above: _____
 State: _____ DL/LP/ID #: _____ Name if different than above: _____
2. Is your right to apply for a license or your privilege to operate a vehicle in this or any other state currently suspended, revoked, or subject to installation of an ignition interlock device?..... YES NO
 If yes, give state _____ date _____, and reason _____
3. 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?..... YES NO
 If yes, give state _____ date _____, and reason _____
4. Do you hold a valid license or ID card from any other state? YES NO

AUTHORIZATIONS AND CERTIFICATIONS

- 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 am under the age of 18 years and I hereby request Organ Donor designation on my PA Driver's License. Parent must check consent block on the Parent Guardian Consent Form (DL-180TD). (Applicants 18 years of age or older will have the opportunity to request Organ Donor designation at the Photo Center at the time they have their photo taken.)

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 this information contained herein 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. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See back for provisions)

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]).

SIGN HERE

 (APPLICANT'S SIGNATURE IN INK)

 (DATE)

FOR OFFICIAL USE ONLY

ALL INFORMATION IN THIS SECTION **MUST** BE COMPLETED IN FULL BY A HEALTH CARE PROVIDER

Please check any of the following that **WOULD** prevent control of a motor vehicle.

- Neurological disorders Neuropsychiatric disorders Circulatory disorder Cardiac disorder Hypertension
 Uncontrolled Epilepsy Uncontrolled Diabetes Cognitive Impairment Alcohol abuse Drug abuse
 Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.)

Specify: _____ If seizure disorder, date of last seizure: _____

- Impairment or Amputation of an appendage. If so, list: _____
 Other: _____

NOTE: Any recommendations/additional comments must accompany this certificate on a health care provider's letterhead.

VISION SCREENING

CHECK (✓) YES NO

Combined vision is 20/40 or better..... YES NO

Report of Eye Examination (attached)..... YES NO

Qualified Without Restrictions

Qualified With Restrictions

Corrective Lenses Other: _____

COMPLETE ALL ITEMS					
Uncorrected					Corrected
20/	Right Eye				20/
20/	Left Eye				20/
20/	Both Eyes				20/
R	L	Fields	R	L	

PROVIDER INFORMATION (Please print or type)

PROVIDER'S NAME	SPECIALTY	STATE LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	FAX		

I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.

Examinee's Signature (SIGN ONLY IN PRESENCE OF PROVIDER) _____ Provider's Signature _____ Physical Date _____

COMPLETED BY DRIVER LICENSE EXAMINER ONLY

EXAMINER'S DRIVER CERTIFICATION

This is to certify that the above applicant has applied for and passed the examination for the above class(es) for a Pennsylvania Driver's License.

DATE OF ISSUE:	EXAM CENTER:						
<table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR				_____ (SIGNATURE OF EXAMINER)
MONTH	DAY	YEAR					
	(DLE NO.) _____						

TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRESENT THE FOLLOWING:

U.S. Citizens -

- Social Security Card** (must be original) AND **ONE** of the following:
- Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico.) **No other birth documents will be accepted.**
 - Certificate of U.S. Citizenship (**BCIS/INS Form N-560**)
 - Certificate of Naturalization (**BCIS/INS Form N-550 or N-570**)
 - Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted.)

NOTE: If you have an Out-of-State Driver's License, you should present it along with your Social Security Card and one of the above forms.

Non-U.S. Citizens - You must bring ALL of the following:

- Original USCIS/immigration documents indicating current lawful immigration status
 - Valid Passport, dependent on status
 - Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated)
(Please note: Documents must be original, photo copies will not be accepted.)
- To obtain detailed information regarding "identity/residency requirements," you can:
- Visit www.dmv.pa.gov and Enter Search Term "Pub-195NC," and review required documents; or
 - Contact us at 717-412-5300. TTY callers - please dial 711 to reach us.

All documents must show the same name and date of birth, or an association between the information on the documents. Additional documentation may be required, if a connection between documents cannot be established (e.g. Marriage Certificate, Court Order of name change, Divorce Decree, etc.)