

**Pennsylvania Co-Location Photo License Center (PLC) Application**

**\*INCOMPLETE APPLICATIONS WILL BE RETURNED\***

**ALLOW 90 DAYS FOR PROCESSING**

**Type or Print Legibly**

**SECTION 1 – TYPE OF APPLICATION**

Please select the applicable box below as either a New Applicant or a current Qualified Pennsylvania Photo License Center (PLC) provided.

**New Application**

**Existing Business Partner**

**SECTION 2 – SITE LOCATION**

What is the nearest Driver License Center (DLC) to your proposed location

\_\_\_\_\_

Number of Driving Miles between the nearest DLC and your proposed location

\_\_\_\_\_

**SECTION 3 – COMPANY INFORMATION**

Federal Identification Number (EIN) \_\_\_\_\_ SAP Entity Number \_\_\_\_\_

Company Legal Name \_\_\_\_\_

DBA \_\_\_\_\_

Type of Entity:  Sole Proprietorship  Corporation  Partnership  Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Company Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone/Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Is this location: \_\_\_\_\_ Owned \_\_\_\_\_ Leased

**SECTION 4 – PRIMARY POINT OF CONTACT**

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION**

Owner/Partner/Officer Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL State: \_\_\_\_\_ DL/ID Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

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Owner/Partner/Officer Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL State: \_\_\_\_\_ DL/ID Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

If you have additional Owner, Partner or Officer information to be reported please continue the list, in the same format as above, on an additional piece of paper, with the header **SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION Continued** and attach it to this application with your submission.

**SECTION 6 – SUPPORT STAFF INFORMATION**

**Designated Site Supervisor**

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Responsibilities within the Service \_\_\_\_\_

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**Designated Carrier/Pick-Up Contact**

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

**SECTION 6 – SUPPORT STAFF INFORMATION Continued**

**\*\*PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AS NECESSARY\*\***

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ DL/ID State \_\_\_\_\_ DL/ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Responsibilities within the Service \_\_\_\_\_

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If you have additional Support Staff to be reported please continue the list, in the same format as above, on an additional piece of paper, with the header **SECTION 6 – SUPPORT STAFF INFORMATION Continued** and attach it to this application with your submission.

## SECTION 7 – QUESTIONNAIRE

Please complete the below Questionnaire details.

1. Have any owners, partners, or corporate officers of this business ever remitted uncollectible checks payable to any agency of the Commonwealth of Pennsylvania?

- Yes
- No

If yes, explain \_\_\_\_\_

2. Have any owners, partners, or corporate officers filed bankruptcy within the past seven years?

- Yes
- No

If yes, explain \_\_\_\_\_

3. Does your business location meet all local zoning and land use ordinances and building codes?

- Yes
- No

4. Does your business meet ADA accessibility requirements?

- Yes
- No

5. Can the proposed Photo License Center co-location support at least 100 face-to-face retail transactions a day in addition to the transactions conducted by the PLC?

- Yes
- No

6. Does the proposed Photo License Center co-location have designated site supervisor that can be available during all hours of PLC operation?

- Yes
- No

7. Does the proposed Photo License Center co-location have a minimum of 10 customer reserved, off street parking spaces for the PLC in addition to parking spaced needed for the Provider's business?
- Yes**
  - No**
8. Does your proposed Photo License Center co-location have a minimum of 2 additional parking spaces designated for customers with disabilities?
- Yes**
  - No**
9. Does the proposed Photo License Center co-location have a functioning security system that provides 24 hours a day, seven days a week monitoring?
- Yes**
  - No**
10. Does the proposed Photo License Center co-location have a functioning alarm system which notifies the responsible law enforcement agency immediately should any unauthorized entry to the facility occur?  
Note: The Provider must have separate alarms specific to the PLC footprint. In addition to the alarm monitoring company notifying the Provider of any alarm notifications, the monitoring company must also directly notify PennDOT by email or phone numbers provided by PennDOT.
- Yes**
  - No**
11. Does the proposed Photo License Center co-locate within a business which derives a majority of its gross revenues and receipts from the sale of illegal materials or activities, obscene or pornographic material, tobacco, alcohol, firearms, or licensed or unlicensed gaming activities?
- Yes**
  - No**
12. Will the proposed Photo License Center co-locate within a business which promotes, supports or advocates any position that is discriminatory, profane or derogatory to any group, or any position that promotes a particular political or religious position?
- Yes**
  - No**
13. Can the proposed Photo License Center at all times abide by all policies contained in the Photo License Center (Plc) Co-Location Program Requirements and Photo License Center (PLC) Co-Location Agreement, and provide immediate notice to PennDOT of any instance where it is not in strict compliance?
- Yes**
  - No**

14. Can the Provider maintain with PennDOT a Performance Bond in the amount of \$100,000 for the approved PLC Co-Location facility and \$50,000 for each additional site.

Note: If a Provider is approved to automate more than three sites, it shall maintain with PennDOT a bond not to exceed \$200,000.

- Yes**
- No**

15. Is the provider's location approved by PennDOT to process photo license services?

Note: This is only applicable to existing or previously approved Photo License Center co-locations

- Yes**
- No**

16. Have all owners, partners, and officers read and understood Section 2409.1 of the PA Administrative Code of 1929, Act of April 9, 1929, P.L. 177, added by Section 1 of Act of July 29, 1953, P.L. 1443, as amended, 71 P.S. Section 639.1??

- Yes**
- No**

17. Has your organization, owners, partners or officers, previously been sanctioned by PennDOT for violations of 75 Pa. C.S. (Vehicle Code) or Departmental regulations, Pa. Code, Title 67, since December 31, 1999?

- Yes**
- No**

18. Do any of the owners, partners, corporate officers or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania or any other states or jurisdictions, including but not limited to taxes, fees, monetary penalties, or outstanding registration plates or paperwork?

- Yes**
- No**

**If yes, explain.**

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19. Have any owners, partners, or corporate officers of this business ever been convicted or administratively sanctioned for violations of Department regulations, Title 18 of the Pennsylvania Crimes Code, or Chapters 11, 13, or 23 of Title 75 of the Pennsylvania Vehicle Code?

- Yes**
- No**

**If yes, explain.**

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20. Have any owners, partners, or corporate officers of this business ever been convicted of a felony or misdemeanor?

- Yes**
- No**

**If yes, explain.**

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21. Have any owners, partners, corporate officers of this business ever been affiliated with a dealership, miscellaneous motor vehicle business, messenger service, or full agent whose registration was suspended, cancelled, or revoked or is currently under investigation or notice to attend a Departmental or court hearing or is awaiting a decision by a hearing officer of a court?

- Yes**
- No**

**If yes, explain.**

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22. Is the Applicant equipped with a telephone dedicated to the Photo License Center Co-Location site?

- Yes**
- No**

**If yes, explain.**

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**SECTION 8 – APPLICANT CERTIFICATION**

I \_\_\_\_\_, certify that neither I, nor any of the Owners, Managers, Officers or  
(Print Name of Applicant)

Employees of \_\_\_\_\_ have been convicted of a crime under Title 18 of  
(Print Company Name)

The Pennsylvania Consolidated Statutes, Annotated, or the criminal laws of the United States. Nor are any under sanction nor ever have been under sanction or investigation by The Pennsylvania Department of Transportation for violations under of the Vehicle Code (75 Pa. C.S. 101 et seq.), Department Regulations, nor any existing agreement with The Pennsylvania Department of Transportation.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

**SECTION 9 – ZONING AND BUILDING CODE COMPLIANCE STATEMENT**

I \_\_\_\_\_, attest that the business identified in Section 2 of this application  
(Print Name of Applicant)

meets all local zoning ordinances and building codes.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

**SECTION 10 – PENNSYLVANIA STATE POLICE CRIMINAL BACKGROUND CHECK**

**ALL** Applicant(s), Owner(s), Corporate Officer(s) and Employee(s) are required to provide the results received from a Pennsylvania State Police background check with their application packet. If any Owner(s), Corporate Officer(s), or Employee(s) reside outside of Pennsylvania, a criminal background is required from that state as well. FBI and/or third-party results are not accepted. Applicants must provide criminal background checks for any new employees hired after receiving a fully executed business partner agreement with the Department of Transportation. The background check must be conducted prior to initial access and on an annual basis thereafter.

**Please Note:** If a conviction exists, the issuing business partner must furnish the facts of the offense **AND** secure Department approval **BEFORE** hiring or retaining an employee.

## **SECTION 11 – THREE (3) LETTERS OF REFERENCE**

Attach **THREE (3)** letters of reference from businesses, **on their business stationery**, attesting to the character of the applicant, to this application for submission. The letters must contain a authorized signer signature and the date. Three references are required for each Owner/Partner/Officer listed on this application.

## **SECTION 12 – REQUIRED SITE PHOTOGRAPHS**

Photos must be in color. Under the photo provide the location and what the photo is documenting for easy reference. Each site is required to provide photos for the following:

- Business Office Work Area including main entrance and outside signage (business sign)
- Posted Business Hours
- Interior signs including exit and emergency
- Exterior Signs
- Existing security cameras
- Proposed facility parking area
- Proposed processing area, waiting area and their queue management plan for the PLC Co- Location facility.
- Proposed secure storage area must, at minimum, be 64 square feet (8ft. x 8ft.), containing a solid core door construction, secured hinges, a solid wall construction, no windows, secured ceiling, and a deadbolt lock requiring key access.
- Proposed secure data room for the PLC. The PLC data room must, at minimum, be 60 square feet.
- Photocopy of Driver License or State issued ID for each Owner/Partner/Officer/Staff included in this application

## **SECTION 13 – ADDITIONAL DOCUMENTATION REQUIRED FOR APPLICATION**

- Detailed organizational chart clearly describing the chain of command from the site supervisor to the Business Owner/ President for Department approval.
- Provide a job description for each position on the organizational chart as referred to above for Department approval. Each job description will contain the following information:
  - 1) Title of the position;
  - 2) Basic job function statement;
  - 3) Title of the position to whom the employee reports;
  - 4) Job duties and responsibilities;
  - 5) Scope of authority;
  - 6) Standards of performance; and
  - 7) If the position is a responder for the security and alarm system

- Description of the proposed processing area, waiting area and their queue management plan for the PLC Co-Location facility.
- Provide a security plan that must describe the method of security which it intends to employ at each location for safeguarding all equipment and supplies. Specific and comprehensive security plans for the PLC Co-Location facility will be required. Such plans will serve to maximize the security potential and minimize the security risk at each site. PennDOT shall approve all initial security plans and modifications made to security plans. PennDOT approval on routine maintenance is not required.
- Provide a description and/or specifications of the security camera hardware and software proposed. PLC Co-Location facility will have and use security cameras that are in good working order in the PLC. PennDOT must approve all hardware, software, and locations of devices. All security cameras will need to be viewed through PennDOT's Internal Network. All security cameras must be IP (Internet Protocol) digital cameras.
- Provide a floor plan which clearly marks the Provider's business area, the proposed PLC area, and a secure storage area for the PLC. Provide a proposed interior layout that includes large enough to accommodate all PLC employee workstations, customer service counters, customer waiting area, and secure storage area.
- If Applicant wishes to advertise for PLC Services, provide any and all advertising (television, radio, Internet, billboard, newspaper, magazine, yellow pages, etc.) for PLC Services.

**SECTION 14 – CERTIFICATION**

The Owner, Officer, Authorized Signatory of the applying business must sign this document below.

I certify, as an authorized signatory, that the information provided herein is true, accurate and complete to the best of my knowledge and belief. I have read and reviewed this **Application, Photo License Center (PLC) Co-Location Program Requirements and the Agreement.**

Company Name \_\_\_\_\_

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit One (1) copy of the completed Checklist, Application, Photographs and All Attachments to:**

**Mail: PennDOT  
Bureau of Support Services  
Attention: Russell Swanger  
1101 South Front Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17104**

**Or email complete application as a PDF file via email to: [ruswanger@pa.gov](mailto:ruswanger@pa.gov)**

**\*\*ALLOW 90 DAYS FOR PROCESSING\*\***