DL-15A (12-15)

pennsylvania
DEPARTMENT OF TRANSPORTATION

# LIMITED LICENSE AFFIDAVIT

**FOR LAW ENFORCEMENT OFFICIALS:** This Affidavit allows this person to drive the vehicle(s) listed during the stated times for work, school, or medical treatment. in conjunction with an Occupational Limited License and under section 1553 of the PA Vehicle Code.

**CARRY THIS AFFIDAVIT WITH YOUR LIMITED LICENSE AT ALL TIMES.**

## A DRIVER INFORMATION (Type or print information)

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

| DATE OF BIRTH (must be listed) | | | LICENSE NUMBER | LICENSE EXPIRATION DATE | | |
|---|---|---|---|---|---|---|
| MONTH | DAY | YEAR | | MONTH | DAY | YEAR |
| | | | | | | |

| CURRENT STREET ADDRESS A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

## B VEHICLE INFORMATION

| | Year | Make | Model | License Plate Number | State |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

## VEHICLE INSURANCE INFORMATION

| | Insurance Company Name | Policy Number | Effective Date | Expiration Date |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |



## DRIVING SCHEDULE INSTRUCTIONS

List your daily driving schedule. If you have a routine driving schedule, complete the chart(s) using the Destination Codes listed to the left of the chart. If you do not have a routine driving schedule due to your job duties (such as salespersons, delivery and truck drivers), explain the territory or area you drive, along with the days and hours you work. For both routine and non-routine schedules, include a detailed explanation of your need for an OLL on the lines marked Detailed Explanation.

## C WORK DRIVING SCHEDULE

### EMPLOYER INFORMATION (W1)

(Complete additional affidavits if you have more than one job.)

Company Name _____

Address _____

City _____

State _____ Zip _____

Supervisor's Name_____

Telephone Number of your immediate Supervisor:

_____

Self Employed: ❒ Yes ❒ No

| | Leave | Time | AM | PM |
|---|---|---|---|---|
| EXAMPLE | H | 7:30 | ✔ | |
| | W1 | 5:00 | | ✔ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Arrive | Time | AM | PM |
|---|---|---|---|
| W1 | 8:00 | ✔ | |
| H | 5:30 | | ✔ |
| | | | |
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| | | | |

| Mo | Tu | We | Th | Fr | Sa | Su |
|---|---|---|---|---|---|---|
| ✔ | ✔ | ✔ | ✔ | | | |
| ✔ | ✔ | ✔ | ✔ | | | |
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**Destination Codes**
**W1 = Primary Job**
**W2 = Second Job**
**W3 = Third Job**
**H = Home**

**Detailed Explanation** _____

### EMPLOYER ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

_____ Employer 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 one year (18 Pa C.S., Section 4904[b]).

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D

## SCHOOL DRIVING SCHEDULE

### SCHOOL INFORMATION (S1)

(Complete additional affidavits if you attend more than one school)

School Name _____

Address _____

City _____

State _____ Zip _____

Dean's Name_____

Telephone Number of your Dean:

_____

| | Leave | Time | AM | PM | Arrive | Time | AM | PM | Mo | Tu | We | Th | Fr | Sa | Su |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXAMPLE | H | 7:30 | ✔ | | S1 | 8:00 | ✔ | | ✔ | ✔ | ✔ | ✔ | | | |
| | S1 | 5:00 | | ✔ | H | 5:30 | | ✔ | ✔ | ✔ | ✔ | ✔ | | | |
| | | | | | | | | | | | | | | | |
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**Destination Codes**
**S1 = School**
**S2 = School other than S1**
**H = Home**

**Detailed Explanation**

_____

_____

_____

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_____

## SCHOOL ACKNOWLEDGMENT

**I certify under penalty of law that all information given on this Affidavit is true and correct.**

_____ _____

School Administrator 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 one year (18 Pa C.S., Section 4904[b]).

E

## TREATMENT DRIVING SCHEDULE

### MEDICAL TREATMENT INFORMATION

Provider Name _____

Address _____

City _____

State _____ Zip _____

Contact Name_____

Telephone Number of Facility:

_____

| | Leave | Time | AM | PM | Arrive | Time | AM | PM | Mo | Tu | We | Th | Fr | Sa | Su |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXAMPLE | H | 7:30 | ✔ | | T1 | 8:00 | ✔ | | ✔ | ✔ | ✔ | ✔ | | | |
| | T1 | 5:00 | | ✔ | H | 5:30 | | ✔ | ✔ | ✔ | ✔ | ✔ | | | |
| | | | | | | | | | | | | | | | |
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**Destination Codes**
**T1 = Treatment**
**H = Home**

**Detailed Explanation**

_____

_____

_____

_____

_____



## MEDICAL PROVIDER ACKNOWLEDGMENT

**I certify under penalty of law that all information given on this Affidavit is true and correct.**

_____ _____

Provider 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 one year (18 Pa C.S., Section 4904[b]).

## ADDITIONAL EXPLANATIONS

_____

_____

_____

_____

F

## ACKNOWLEDGMENT

X **SIGN HERE**

**I certify under penalty of law that all information given on this Affidavit is true and correct.**

_____ _____

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 one year (18 Pa C.S., Section 4904[b]).**