



Pennsylvania
Department of Transportation

APPLICATION FOR PENNSYLVANIA COMMERCIAL DRIVER'S LICENSE BY OUT-OF-STATE CDL DRIVER

FEDERAL REGULATION REQUIRES CDL HOLDERS TO PROVIDE IN PERSON PROOF OF CITIZENSHIP OR LEGAL PRESENCE. FOR MORE INFORMATION PLEASE SEE BACK OF FORM.

YOU MUST APPLY IN PERSON

A DRIVER'S LICENSE NUMBER/I.D. NUMBER:

LAST NAME(S)										JR., ETC.										
FIRST NAME						MIDDLE NAME														
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER				TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)											
MONTH	DAY	YEAR	FEET	INCHES																
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 _____	

SEX/GENDER DESIGNATION STATEMENT

I, _____ wish the gender designation on my Driver's License/ ID Card to read

PRINT NAME ☐ Male (M) ☐ Female (F) ☐ 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 in addition to the actual residence address, but cannot be used as the only address. CITY STATE ZIP CODE

In accordance with the Motor Carrier Safety Improvement Act of 1999, you must provide the names and driver license numbers (if known) of all States where you have previously been licensed to drive any type of motor vehicle. If there is not enough room, attach additional information on white paper. PennDOT will review the driver histories from States listed and may assess sanctions, if required.

State	Driver's License Number	Name (if different than above)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ORGAN DONOR DESIGNATION: Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities. ☐ ADD ☐ REMOVE

B ALL STATEMENTS MUST BE ANSWERED Please check only the boxes that apply to you, that would prevent you from having reasonable control of a motor vehicle:

- | | | |
|---|--|--|
| <input type="checkbox"/> Neurological disorders | <input type="checkbox"/> Uncontrolled Diabetes | <input type="checkbox"/> Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.) |
| <input type="checkbox"/> Neuropsychiatric disorders | <input type="checkbox"/> Uncontrolled Epilepsy | Specify: _____ |
| <input type="checkbox"/> Circulatory disorder | <input type="checkbox"/> Cognitive Impairment | If seizure disorder, date of last seizure: _____ |
| <input type="checkbox"/> Cardiac disorder | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Impairment or Amputation of an appendage, if so list: _____ |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Other: _____ |

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

THIS DEPARTMENT MAY REQUIRE A PHYSICAL EXAMINATION BY A PROVIDER FOR CAUSE.

Check Applicable Block YES NO

- Have you ever held a PA Driver's License/Learner's Permit/ID Card in this or any other name(s) ☐ YES ☐ NO
If yes, what was your previous record number and/or name(s)? _____
- Have you ever held or possessed a Driver's License (DL)/Learner's Permit (LP)/Photo Identification Card (ID) from 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: _____
- Is your right to apply for a license or your privilege to operate a vehicle in this or any other state currently suspended, revoked, cancelled under State Law, or subject to any disqualification under 49 CFR PART 383.51? ☐ YES ☐ NO
If yes, give state _____ date _____ reason _____
- 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 _____ reason _____
- Are you currently required, or have you been cited for a violation that will require you, to only drive vehicles equipped with an Ignition Interlock device? ☐ YES ☐ NO
- I certify that I drive or expect to drive a Commercial vehicle and meet all the requirements contained in Federal Regulation 49 C.F.R. Part 391. ☐ YES ☐ NO
• INTRASTATE: Driving within PA only (must be 18 years of age or older). • INTERSTATE: Driving within PA and other states (must be 21 years of age or older).

C AUTHORIZATION AND CERTIFICATION

- ☐ 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 the 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. 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 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]).
- ☐ I certify I do not have any other VALID commercial product(s) in my possession from this or any other state or jurisdiction.
- ☐ 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.
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 any valid out of state commercial learner's permit(s) in my possession must be surrendered.
- ☐ I wish to contribute \$3.00 to the Organ Donation Awareness Trust Fund. (see reverse) ☐ I wish to contribute \$5.00 to the Veterans' Trust Fund. (see reverse)

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

(APPLICANT'S SIGNATURE IN INK)

(DATE)

D EXAM REPORT																																																									
VISION EXAMINATION 20/40 vision or less in better eye with correction <input type="checkbox"/> YES <input type="checkbox"/> NO Report of Eye Examination (attached) <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> COMPLETE ALL ITEMS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Uncorrected</td> <td style="width: 33%;"></td> <td style="width: 33%;">Corrected</td> </tr> <tr> <td>20/</td> <td>Right Eye</td> <td>20/</td> </tr> <tr> <td>20/</td> <td>Left Eye</td> <td>20/</td> </tr> <tr> <td>20/</td> <td>Both Eyes</td> <td>20/</td> </tr> <tr> <td>R</td> <td>L</td> <td>Fields</td> </tr> <tr> <td></td> <td></td> <td>R</td> </tr> <tr> <td></td> <td></td> <td>L</td> </tr> </table> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Qualified with Restrictions <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Other <input type="checkbox"/> Qualified Without Restrictions </div> <div style="margin-top: 5px;"> Former Driver License # _____ State _____ </div>					Uncorrected		Corrected	20/	Right Eye	20/	20/	Left Eye	20/	20/	Both Eyes	20/	R	L	Fields			R			L	Classes & Endorsements/Commercial Restrictions which should be endorsed on the Driver's PA CDL. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Class</th> <th style="width: 33%;">Endorsement(s)</th> <th style="width: 33%;">Medical Restriction(s)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Air Brake "L" Restriction</td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td colspan="2">"C/N" CDL Restriction (for transfer of P endorsement only)</td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td colspan="2">Manual Transmission "E" Restriction</td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td colspan="2">Truck tractor-trailer combination "O" Restriction</td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td colspan="2">Partial Air brakes "Z" Restriction</td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td colspan="2">Hazardous Materials Endorsement requested</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">If yes, date exam passed: _____</td> </tr> </tbody> </table>					Class	Endorsement(s)	Medical Restriction(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Air Brake "L" Restriction		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	"C/N" CDL Restriction (for transfer of P endorsement only)		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	Manual Transmission "E" Restriction		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	Truck tractor-trailer combination "O" Restriction		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	Partial Air brakes "Z" Restriction		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	Hazardous Materials Endorsement requested		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date exam passed: _____		
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EXAMINER'S CERTIFICATION - This is to certify the above applicant has applied for and passed the examination for the above class(es) and endorsements for a Pennsylvania Commercial Driver's License. SIGNATURE OF EXAMINER _____ DLE NUMBER _____					Exam Center: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Exam Center Phone Number: _____</td> <td style="width: 40%;">Date of Issue: _____</td> </tr> <tr> <td></td> <td>MONTH _____ DAY _____ YEAR _____</td> </tr> </table>					Exam Center Phone Number: _____	Date of Issue: _____		MONTH _____ DAY _____ YEAR _____																																												
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OUT-OF-STATE LICENSES EXPIRED FOR MORE THAN 6 MONTHS CANNOT BE TRANSFERRED.

FEE INFORMATION

4-Year Photo \$127.50 4-Year with Hazmat \$149.50 <i>Drivers age 65 and over have the option of requesting a driver's license valid for two years instead of four years. Fees for this option are:</i> 2-Year Photo \$71.50 2-Year with Hazmat \$93.50	* 4-Year Photo with Class M \$151.50 * 4-Year with Class M and Hazmat \$173.50 * 2-Year Photo with Class M \$83.50 * 2-Year with Class M and Hazmat \$105.50
* This additional fee is required by Act 31, 1984 and will be used to support the Motorcycle Safety Educational Program in the Commonwealth of Pennsylvania.	
If you would like to contribute to the Organ Donation Awareness Trust Fund, add an additional \$3.00 If you would like to make a tax deductible contribution to the Veterans' Trust Fund (VTF) add an additional \$5.00	
ORGAN DONATION AWARENESS TRUST FUND (ODTF): You have the opportunity to contribute \$3.00 to the Fund. The additional \$3.00 contribution must be added to your payment. You must also check the block provided to ensure proper handling of your contribution. The ODTF provides for the development and implementation of donor awareness programs and funds shall be appropriated subject to the approval of the Governor.	
Veterans' Trust Fund (VTF): 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 \$5.00 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.	

YOU MUST APPEAR IN PERSON AT A DRIVER LICENSE CENTER AND SURRENDER YOUR OUT-OF-STATE LICENSE TO APPLY.

- **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, make sure you check the box at the top in Section C.
- No person shall receive a Pennsylvania Driver's License unless and until the person surrenders to the Department all valid licenses in the person's possession issued by this or any other state.
- Final approval of this application for Pennsylvania Driver's License is subject to verification of the applicant's past driver record history. Should verification disclose outstanding violations in any state or jurisdiction, the application will be denied and all issued Pennsylvania Commercial Driver's Licenses are subject to cancellation and recall.
- It is unlawful for any person:
 - ◆ To exhibit or cause or permit to be exhibited or have in possession any recalled, cancelled, suspended, revoked, fictitious or fraudulently altered driver's license.
 - ◆ To lend a driver's license to any other person or permit the use thereof by another.
 - ◆ To exhibit or represent as one's own any driver's license not issued to the person.
 - ◆ To fail or refuse to surrender to the Department upon lawful demand a recalled, cancelled, suspended, revoked, fictitious or fraudulently altered driver's license.

PENALTIES AND SANCTIONS

Any persons violating any of the above is guilty of a summary offense and shall, upon conviction, be sentenced to pay a fine of \$100. The Department may cancel any driver's license upon determining that the license was not entitled to the issuance or that the person failed to give the required or correct information or committed fraud in making the application or in obtaining the license or the fee has not been paid.

Any Pennsylvania driver who is convicted of any of the above offenses shall be assessed 3 points as of the date of violation.

A PERSON IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE IF THE PERSON, WITH FRAUDULENT INTENT, HAS POSSESSION OF, SELLS OR ATTEMPTS TO SELL, USES OR DISPLAYS A DRIVER'S LICENSE, KNOWING IT TO HAVE BEEN ALTERED, FORGED OR COUNTERFEITED.

Any person violating this offense is, upon conviction, subject to imprisonment for a term of up to 5 years.
The Department shall revoke the driver's license privilege of any driver for one year upon receiving a certified record of the driver's conviction of this offense.

TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRESENT THE FOLLOWING	
U.S. CITIZENS	NON-U.S. CITIZENS
<p>Social Security Card (original) and <u>ONE</u> of the following:</p> <ul style="list-style-type: none">• 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 <p>Note: Your Out-of-State Driver's License MUST be surrendered at the time you make application.</p>	<p>You must bring <u>ALL</u> of the following:</p> <ul style="list-style-type: none">• Original USCIS/immigration documents indicating current lawful immigration status• Valid Passport (Only valid U.S. Passports and original documents will be accepted.), dependent on status• Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated) <p>(Please note: Documents must be original, photo copies will not be accepted.)</p> <p>To obtain detailed information regarding "identity/residency requirements," you can:</p> <ul style="list-style-type: none">• Visit www.pa.gov/dmv 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.
<p>All documents must be original and 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 the documents can not be established (e.g. Marriage Certificate, Court Order of name change, Divorce Decree, etc.)</p>	
TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT TWO OF THE FOLLOWING (for customers 18 years of age or older)	
<ul style="list-style-type: none">• Current, unexpired PA driver's license or photo ID card• PA vehicle registration card• Auto insurance card• A computer-generated utility bill showing your name and address (cellphone, cable, electric, gas)	<ul style="list-style-type: none">• Post-marked mail/package labels through USPS, UPS, FedEx etc.• A W-2 form/pay stub• Lease agreements or mortgage documents• Official Tax Records reflecting current name and address
<p>--The proof of residency documents must have your name and official Pennsylvania street address on it.--</p> <p>Note: If you reside with someone, and have no bills in your name, you will still need to provide two proofs of residency. One proof is to bring the person with whom you reside along with their Driver's License or Photo ID to the Driver License Center. You will also need to provide a second proof of residency such as post-marked mail/package labels through USPS, UPS, FedEx etc. that has your name and physical address on it. The address must match that of the person with whom you reside.</p>	

Federal regulations issued in support of the USA PATRIOT Act affect drivers wishing to retain a hazardous materials endorsement. The new Federal regulations require all CDL holders transferring with a hazardous materials endorsement to provide proof of U.S. citizenship or proof of appropriate immigration status, complete a Federal Security Threat Assessment application, pay additional Federal fees, have their fingerprints taken, and successfully complete a Federal criminal history background check. For more information, please visit our website at: www.pa.gov/dmv.

SECTION 3709 OF THE VEHICLE CODE