



Pennsylvania  
Department of Transportation

## COMMERCIAL DRIVER'S LICENSE APPLICATION TO DUPLICATE/CORRECT

**Federal Regulation requires CDL holders to provide in person proof of citizenship or Legal Presence. For more information please see back of form.**

Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17109-8272

### A PLEASE READ IMPORTANT INFORMATION ON THE BACK. 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 (8:00 A.M.-4:30 P.M.)			E-MAIL ADDRESS		
Month	Day	Year						

### B APPLICATION FOR DUPLICATE (Check One)

<input type="checkbox"/> CDL Learner's Permit and/or Knowledge Test Authorization <input type="checkbox"/> CDL Camera Card (If checked, form MUST BE NOTARIZED) <input type="checkbox"/> CDL Photo License <input type="checkbox"/> School Bus Driver Endorsement Card	<b>DUPLICATE REQUIRED DUE TO:</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Change of Address <input type="checkbox"/> Correction <input type="checkbox"/> Other _____ <input type="checkbox"/> Never Received (MUST BE NOTARIZED - No Fee Required)	<b>ORGAN DONOR DESIGNATION</b> Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities. <input type="checkbox"/> <b>ADD</b> <input type="checkbox"/> <b>REMOVE</b>
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### C CHANGE OR CORRECTION ONLY (Important information on reverse side)

**ADDRESS CHANGE** - Proof of Address must be provided, see reverse side. 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.

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE **PA** ZIP CODE \_\_\_\_\_

This application will also serve as a request to update your voter registration unless you check this box: ☐  
 If you are not registered to vote, you will receive an application to register. You must be a U.S. citizen to register to vote in Pennsylvania.

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

LAST NAME \_\_\_\_\_ 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		DROP PRIVILEGE:	
MONTH	DAY	YEAR	FEET	INCHES	<input type="checkbox"/> Class M	<input type="checkbox"/> Hazmat Endorsement

### D 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.

<b>ALL MUST BE ANSWERED</b>	1. <input type="checkbox"/> YES <input type="checkbox"/> NO - Is your driver's license or driving privilege suspended or revoked in this state or any other state?
	2. <input type="checkbox"/> YES <input type="checkbox"/> 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 _____

### E AUTHORIZATION AND CERTIFICATION

### THIS SECTION MUST BE NOTARIZED

<input type="checkbox"/> <b>For Veterans wishing to add the Veterans Designation to their Driver's License or ID Card:</b> 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. <b>I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state.</b> 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.) <input type="checkbox"/> I certify that I do not have a VALID driver's license from more than one State or jurisdiction. <input type="checkbox"/> I certify I do not have any VALID commercial products from any other State or jurisdiction. <input type="checkbox"/> I wish to contribute \$3.00 to the Organ Donation Awareness Trust Fund. (see reverse) <input type="checkbox"/> I wish to contribute \$5.00 to the Veterans' Trust Fund. (see reverse)		<b>AFFIDAVIT:</b> This section must be notarized when applying for replacement (duplicate) Commercial License or 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 of loss in the mail.	
SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____ Signature of Person Administering Oath _____		<b>S E A L</b>	
SIGN HERE APPLICANT'S SIGNATURE IN INK _____ (DATE) _____		<b>SIGN IN PRESENCE OF NOTARY</b>	
<b>PAID BY:</b> <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.)		<b>TOTAL \$</b> _____	

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable of up to \$2,500 and/or imprisonment up to 1 Year (18 Pa C.S. Section 4904(b)).

**OUT-OF-STATE ADDRESS CHANGE.** We may not issue driver license products to an out-of-state address, except in the case of an employee of federal or state government, armed forces personnel, or their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application.

Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out of state and I am employed by, or am the immediate family of a person employed by:

☐ US Armed Forces    ☐ Federal Government    ☐ Pennsylvania State Government

Relationship to person meeting exemption (check one): ☐ Spouse    ☐ Dependent Child

- **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 E.
- Return your completed and signed application with your check or money order made payable to "PennDOT", to: **Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**
- If your license is due to expire within six (6) months, complete form DL-143CD (Renewal of a 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, PO Box 68615, Harrisburg, PA 17106-8615. **After the duplicate is issued, the original license is no longer valid.**

#### DUPLICATE FEE SCHEDULE

<b>NEVER RECEIVED</b>	Application for a duplicate camera card or a product never received, the form <b>must be notarized</b> . Fees will apply if more than 90 days from date issued.
<b>LEARNER'S PERMIT AND/OR KNOWLEDGE TEST AUTHORIZATION</b>	FEE \$6.00 <b>NOTE:</b> Permit expiration date will remain the same. If your Learners Permit expires within 15 days, you will be required to purchase an extension using a DL-31CD. <b>NOTE:</b> If extending or upgrading your permit, you must surrender your existing permit.
<b>CDL CAMERA CARD</b>	FEE: \$5.00 if photo was not taken with the original camera card and this form <b>must be notarized</b> . <b>If license is endorsed with a Class M, the fee is \$11.00 and this form must be notarized.</b>
<b>CDL PHOTO LICENSE</b>	FEE: \$42.50 - The Bureau will issue one of the following: (this form <b>must be notarized</b> .) <ul style="list-style-type: none"> <li>• A camera card, which is a temporary Commercial Driver's License for 60 days, for the purpose of having a photo-image taken at a Photo Driver's License Center</li> <li>• A Commercial Driver's License, complete with the applicant's most recent photo-image</li> </ul> <b>If license is endorsed with Class M, the fee is \$48.50 and this form must be notarized.</b> <b>NOTE: Effective January 22, 2019, if your address has been changed by a government entity, there is no fee. You will be required to provide proof, such as a notice from the county or the U.S. Post Office.</b>
<b>SCHOOL BUS ENDORSEMENT</b>	NO FEE
<b>ORGAN DONATION DESIGNATION</b>	When you are adding or removing the Organ Donor designation a duplicate 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 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.
<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 \$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.

**NAME CHANGE** - 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.

**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.**

**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.**

- For **NAME** corrections, you must present your state issued birth certificate with a raised seal, a Certified Copy of the Court Order or your marriage certificate.
- For **DATE OF BIRTH** corrections, you must present state issued birth certificate with raised seal.
- For **SOCIAL SECURITY NUMBER** corrections, you must present your Social Security Card.

**\*Note: All name changes must be made in person at a Driver License Center. All documents must be original.**

**CHANGE OF ADDRESS - FEDERAL REGULATIONS HAVE CHANGED:** All CDL holders must prove U.S. Citizenship or legal presence and residency. If you are requesting a change of address you must provide one of the following residency documents. To determine if you must appear in person please contact our customer call center at 717-412-5300.

#### TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT ONE OF THE FOLLOWING

- 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)
- 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

**--The proof of residency documents must have your name and official Pennsylvania street address on it.--**

**GENDER CHANGE** - If requesting a gender change, a DL-32 (Request for Gender Designation Change) application must be completed along with this application and submitted in person to a Driver License Center for processing.

#### ALL DOCUMENTS PRESENTED AT A DRIVER LICENSE CENTER MUST BE ORIGINAL.

##### 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.