



APPLICATION FOR CHANGE / CORRECTION / REPLACEMENT OF Occupational Limited License (OLL) OR PROBATIONARY LICENSE (PL) OR PL PERMIT

Bureau of Driver Licensing • P.O. Box 68689 • Harrisburg, PA 17106-8689

CHECK APPLICABLE BOX

REPLACEMENT (DUPLICATE) Complete Sections A, B, E, (D if applicable) CHANGE OR CORRECTION Complete Sections A, B, C, E, (D if applicable)

Section A: CURRENT OCCUPATIONAL LIMITED LICENSE OR PROBATIONARY LICENSE (Type or print information). Fields include LAST NAME, JR. ETC., FIRST NAME, MIDDLE NAME, DATE OF BIRTH, LICENSE NUMBER, LICENSE EXPIRATION DATE, TELEPHONE NUMBER.

Application for Replacement (Check one) and Reason for Replacement (Check one). Options include Regular Camera Card, Photo License, Authorization Letter, Lost, Stolen, Never Received, Mutilated/Damaged, Correction/Change, Extend (OLL Only).

Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities. ORGAN DONOR DESIGNATION: ADD (Parental consent required if under 18 - MUST BE NOTARIZED) REMOVE

Section B: THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct). ADDRESS CHANGE. Includes fields for STREET ADDRESS, CITY, STATE, 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.

Note: All vehicles you will drive must have a valid registration and insurance. Proof of Insurance must be sent for vehicles being added. OUT-OF-STATE ADDRESS CHANGE. Drivers license products cannot be issued to an out-of-state address, except in the case of an employee of federal or state government, armed forces personnel, or their families...

NAME CHANGE Reason for Change: (Please note all name changes must be done in person with original documents) Marriage Divorce Other (see reverse side). Fields include LAST NAME, JR. ETC., FIRST NAME, MIDDLE NAME.

OTHER CHANGES: EYE COLOR, DATE OF BIRTH (must be listed), HEIGHT

Section C: OPERATING HOUR CHANGE (Please attach a letter from your employer or school justifying your request. (PL ONLY)). Reason for Change: WORK SCHOOL MEDICAL. Please Change Hours To: ( : ) AM PM to ( : ) AM PM

VEHICLE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY) (maximum of five vehicles). Table with columns: Add, Delete, Change, Year, Make, Model, License Plate Number, State.

VEHICLE INSURANCE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY). Table with columns: Insurance Company Name, Policy Number, Effective Date, Expiration Date.

<b>D</b>	<b>MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18 APPLYING FOR A LEARNER'S PERMIT OR ORGAN DONOR DESIGNATION</b> I hereby certify that I am <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, <input type="checkbox"/> Person in Loco Parentis or <input type="checkbox"/> Spouse at least 18 years of age, of the applicant named herein, that the statements made herein are true and correct to the best of my knowledge and that this application is made with my full consent.														
<b>E</b>	<p style="text-align: center;"><b>ACKNOWLEDGEMENT</b></p> <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 confirm that I have received notice of the provisions of Section 3709 of the Vehicle Code. <input type="checkbox"/> I used a Messenger Service to assist me in completing this form. I authorize the Department to give this Messenger Service my driving record information. <input type="checkbox"/> I wish to voluntarily contribute \$3.00 to the Organ Donation Awareness Trust Fund. If checked here, include the \$3.00 in the total fees entered in the Fee block. <input type="checkbox"/> I wish to voluntarily contribute \$5.00 tax deductible contribution to the Veterans' Trust Fund. If checked here, include the \$5.00 in the total fees entered in the Fee block. <b>SIGN HERE</b> _____ DATE _____ APPLICANT'S SIGNATURE IN INK		<p><b>*AFFIDAVIT:</b> This section must be notarized when applying for replacement of a Camera Card. You are entitled to a free replacement <b>ONLY</b> if this application is completed within 90 days of the original date of issuance and the original was never received due to loss in the mail.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"><b>SUBSCRIBED AND SWORN TO BEFORE ME:</b></td> </tr> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> <tr> <td colspan="3" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><b>S E A L</b></td> <td colspan="2" style="text-align: center;"><b>SIGN IN PRESENCE OF NOTARY</b></td> </tr> </table>	<b>SUBSCRIBED AND SWORN TO BEFORE ME:</b>			MO.	DAY	YEAR				<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>	
<b>SUBSCRIBED AND SWORN TO BEFORE ME:</b>															
MO.	DAY	YEAR													
<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>														
<b>PAID BY:</b> <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)		<b>Total \$</b> _____													
<b>CHANGE/CORRECTION/REPLACEMENT DUE TO:</b>															
<b>F E E S</b>	Driving Hours (PL ONLY)      Vehicle Insurance Information (PL ONLY)      Address Vehicle Information (PL ONLY)      Employer/School Information (PL ONLY)	Free	ITEM(S) SENT Authorization Letter (PL ONLY)												
	Name      Height      Eye Color      Address Date of Birth	\$40.50 \$46.50 with Motorcycle	Camera Card (Valid for 10 days) Authorization Letter (PL ONLY)												
	Add/Delete Organ Donor Designation	\$40.50 \$46.50 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)												
	Lost Camera Card (no photo taken)	\$5.00 \$11.00 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)												
	Lost License (photo taken)	\$40.50 \$46.50 with Motorcycle	Camera Card (Valid for 7 days) and Authorization Letter (PL ONLY)												
	OLL License Extension / Address Change	\$40.50 \$46.50 with Motorcycle	Duplicate License												
	Lost Authorization Letter (PL ONLY)	\$6.00	Authorization Letter												
	Lost or Renew Permit (PL ONLY)	\$6.00	PL Permit												

**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 D.

**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.

**NAME CHANGE** - If you desire to use your birth name, you must present a copy of 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.**

If you find your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to the address shown below. After a duplicate is issued, the original license is no longer valid.

Send a check or money order, made payable to PennDOT, for the exact amount you owe, along with the Application, Proof of Insurance(s), and any other required documentation to the address below.

Once you have completed to application, send back a check or money order made payable to PennDOT for the exact amount you owe along with the application, proof of insurance(s) and any other required documents to:

**PennDOT • Bureau of Driver Licensing • OLL/PL Unit • P.O. Box 68689 • Harrisburg, PA 17106-8689**

Note: The Department is required to obtain the Licensee's height and eye color under the provisions of the Pennsylvania Vehicle Code. This information will be used for identification purposes in an attempt to minimize driver license fraud.

#### 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 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.