



NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

YOU MUST APPLY IN PERSON

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION
The physical date may not be more than 6 months prior to your 16th birthday.

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

LAST NAME(S)						JR., ETC.							
FIRST NAME						MIDDLE NAME							
DATE OF BIRTH		HEIGHT		SOCIAL SECURITY NUMBER				SEX	TELEPHONE (8 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 _____													
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	
PERMIT(S) DESIRED				<i>MUST Check block(s) for Desired Class(s) and for License Required</i>				FEE		ENTER FEE FOR EACH ITEM CHECKED			
CHECK DESIRED PERMIT(S)	<input type="checkbox"/> CLASS A (Combination Vehicle over 26,000), <input type="checkbox"/> CLASS B (Truck or Bus over 26,000), <input type="checkbox"/> CLASS C (Automobile)						\$5.00						
	<input type="checkbox"/> CLASS M (Motorcycle) MSEA Fee is included						\$15.00						
LICENSE REQUIRED								FEE					
MUST CHECK ONE	<input type="checkbox"/> 4-Year Photo						\$28.00						
	<input type="checkbox"/> 2-Year Photo (Age 65 & Over)						\$17.50						
	<input type="checkbox"/> Organ Donation Awareness Trust Fund (I wish to contribute \$1.00)						\$1.00						
PAID BY: <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to PennDOT (Cash CANNOT be accepted)								TOTAL					

ALL QUESTIONS MUST BE ANSWERED

(Check [✓] Applicable Block) YES NO

- Have you ever held or possessed a PA Driver's License/Learner's Permit/Photo Identification Card? YES NO
- Is your right to apply for a license or your privilege to operate a vehicle in this or any other state currently suspended, revoked, or subject to installation of an ignition interlock device? YES NO
If yes, give state _____ date _____, and reason _____
- Have you been arrested or cited in this state or any other state for any violation, which carries a possible penalty of suspension or revocation of your driver's license or driving privilege? YES NO
If yes, give state _____ date _____, and reason _____
- Do you hold a valid license or ID card from any other state? YES NO

AUTHORIZATION AND CERTIFICATION

I certify under penalty of law that this 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. 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 am under the age of 18 years and I hereby request Organ Donor designation on my PA Driver's License. Parent must check consent block on the ParenGuardian Consent Form (DL-180TD). (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 hereby certify that I am a resident of the Commonwealth of Pennsylvania.

**SIGN
HERE**

(APPLICANT'S SIGNATURE IN INK)

(DATE)

FOR OFFICIAL USE ONLY

VISION SCREENING CHECK (✓) YES NO

20/40 vision or less in better eye with correction YES NO

Report of Eye Examination (attached)..... YES NO

Qualified with Restrictions

Corrective Lenses

Other: _____

Qualified Without Restrictions

Former Driver's License # _____ State _____

COMPLETE ALL ITEMS			
Uncorrected		Corrected	
20/	Right Eye	20/	
20/	Left Eye	20/	
20/	Both Eyes	20/	
R	L	Fields	R L

Classes which should be endorsed on the Driver's PA License.

A B C M

EXAMINER'S DRIVER CERTIFICATION

This is to certify that the above applicant has applied for and passed the examination for the above class(es) for a Pennsylvania Driver's License.

(SIGNATURE OF EXAMINER) (DLE NO.) _____

DATE OF ISSUE: _____

MONTH	DAY	YEAR

EXAM CENTER: _____

