

# NON-COMMERCIAL DRIVER'S LICENSE

## APPLICATION FOR RENEWAL



<b>A</b> DRIVER'S LICENSE NUMBER		LAST NAME			JR./ETC
FIRST NAME				MIDDLE NAME	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)	E-MAIL ADDRESS
Month	Day	Year			
ADDRESS - 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	ZIP CODE
				PA	
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are not a registered voter, you may contact your county voter registration office.					

<b>B CHANGE OR CORRECTION ONLY (Important information on reverse side)</b>					
NAME CHANGE REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)					
LAST NAME			JR., ETC.	FIRST NAME	
				MIDDLE NAME	
<b>OTHER CHANGES</b>					
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 _____					
CORRECTION OF DATE OF BIRTH		HEIGHT		SOCIAL SECURITY NUMBER	
MONTH	DAY	YEAR	FEET	INCHES	
				DROP PRIVILEGE: <input type="checkbox"/> Class M <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	

<b>C</b> No person may hold more than one valid license at any time. Out-of-state license must be attached to this form or surrendered to the Driver License Examination Center.			<b>D</b> FOR ARMED FORCES MEMBERS AND DEPENDENTS WHOSE LAST PA DRIVER'S LICENSE EXPIRED MORE THAN 5 YEARS AGO:			
<b>ALL MUST BE ANSWERED</b>	1. <input type="checkbox"/> YES <input type="checkbox"/> NO - Do you hold a valid driver's license issued by any other state? If yes, give: State _____ Expiration Date _____ Driver's License No. _____ Applicant's _____ driver's license has been surrendered to the Driver License Examination Center at _____ on _____ _____ (DLE SIGNATURE) _____ (DLE NUMBER)			1. Are you an Armed Forces Member? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	2. <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. Were you an Armed Forces Member within the last 45 days? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	3. <input type="checkbox"/> YES <input type="checkbox"/> NO - 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? If yes, give state _____ Date _____ and Reason _____			3. Were you discharged or transferred to the Commonwealth within the last 45 days? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			4. If an Armed Forces dependent, state relationship _____ (SPOUSE, DEPENDENT CHILD) who resides with _____ (NAME OF ARMED FORCES MEMBER)			
			5. Date of entry into the Armed Forces _____			
			6. Date of Discharge _____			

<b>E AUTHORIZATION AND CERTIFICATION (Sign and Enter Fee)</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 wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund. If checked here, include the additional \$1.00 in the amount entered in the Fee Paid block.			
SIGN HERE _____ APPLICANT'S SIGNATURE IN INK	<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;"><b>FEE PAID</b></td> </tr> <tr> <td style="padding: 5px;"><b>Send Check In This Amount</b></td> </tr> </table>	<b>FEE PAID</b>	<b>Send Check In This Amount</b>
<b>FEE PAID</b>			
<b>Send Check In This Amount</b>			
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]).			

<b>F REQUEST FOR EXEMPTION FROM PHOTO (If requesting religious exemption, see reverse for additional requirements)</b>	
<p style="text-align: center;"><b>ABSENTEE EXEMPTION</b></p> <p>During the next 60 days I will be absent from PA for the following reason:  <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Travel                  Within 45 days of my return I will apply for a driver's license containing my photo.</p> <p>SIGN HERE _____ APPLICANT'S SIGNATURE</p>	<p style="text-align: center;"><b>RELIGIOUS EXEMPTION</b></p> <p>I hereby request an exemption from having my photo taken because of my religious affiliation with: _____                  NAME OF RELIGIOUS GROUP</p> <p>My religious beliefs forbid the taking of photographs.</p> <p>SIGN HERE _____ APPLICANT'S SIGNATURE</p>

The most current version of this form can be found at: [www.state.pa.us](http://www.state.pa.us)  
(keyword: DMV Forms)

## INSTRUCTIONS

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK.

**OUT-OF-STATE ADDRESS.** 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

COMPLETE sections A, B (*if applicable*), C, D (*for armed force members or dependents*), E and F (*if you are asking for exemption from a photo license*).

**Religious Exemptions:** If requesting religious exemption, a letter must accompany this application that includes:

- A. The request for the exemption;
- B. The name of the religious group to which the applicant is affiliated;
- C. A statement that the religion's belief forbids the taking of photographs; and
- D. The applicant's signature.

### CHANGE OR CORRECTION

1. IF NAME IS CHANGED by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of a Social Security Card (or records), together with copies of documents from 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, or state issued Birth Certificate.
2. IF THE YEAR OF BIRTH on driver's license is incorrect, attach official birth certificate.
3. IF SOCIAL SECURITY NUMBER is incorrect, attach a copy of your Social Security card.

### FEE INFORMATION

#### ORGAN DONATION AWARENESS TRUST FUND (ODTF):

You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 must be added to the fees below and included in your payment by check/money order. You must also check the block provided in Section E 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.

**Fee: \$26.00** — You have been designated by the Bureau to receive a four year non-commercial photo license. If you require an exemption from having your photo taken, AND YOU SO QUALIFY, complete Section "F" on the face of this form.

**Fee: \$46.00** — If applying for renewal of a non-commercial driver's license endorsed with a Class M.

**NOTE:** Drivers age 65 and over have the option of requesting a two (2) year driver's license.

**Fee: \$15.50** — Two (2) year renewal of non-commercial photo license.

**Fee: \$25.50** — Two (2) year renewal of a non-commercial driver's license endorsed with a Class M.

◆ Return your completed and signed application, along with your check or money order payable to "PENNDOT", to the: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.

### 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.