



PLEASE TYPE OR PRINT IN  
BLUE OR BLACK INK ALL INFORMATION

# NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

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 (8:00 a.m. to 4:30 p.m.)		
MONTH	DAY	YEAR	FEET	INCHES									
EYE COLOR (Please check one):												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	
<b>PERMIT(S) DESIRED</b>										<b>MUST Check block(s) for Desired Class(s) and for License Required</b>		<b>FEE</b>	<b>ENTER FEE FOR EACH ITEM CHECKED</b>
<b>CHECK DESIRED PERMIT(S)</b>	<input type="checkbox"/> CLASS A (Combination Vehicle over 26,000)										\$5.00		
	<input type="checkbox"/> CLASS B (Truck or Bus over 26,000)										\$5.00		
	<input type="checkbox"/> CLASS C (Automobile)										\$5.00		
	<input type="checkbox"/> CLASS M (Motorcycle) MSEA Fee is included										\$15.00		
<b>LICENSE REQUIRED</b>										<b>FEE</b>			
<b>MUST CHECK ONE</b>	<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		
<b>PAID BY:</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable To PennDOT (Cash CANNOT be accepted)										<b>TOTAL</b>			

**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 \_\_\_\_\_

## 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 Parent/Guardian 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)

<b>FOR PennDOT USE ONLY</b>			
Exam Center: _____		Date: _____	
Signature of Examiner: _____		DLE No.: _____	
		MEDICAL RESTRICTIONS: _____	
		<input type="checkbox"/> QUALIFIED YES	
		<input type="checkbox"/> UNABLE TO DETERMINE MEDICAL QUALIFICATIONS	
VERIFICATION OF BIRTH DATE AND IDENTITY: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> OTHER			

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN FULL BY A MEDICAL PROVIDER**

		(Check [✓] Applicable Block)	YES	NO
<b>Provider's Report of Examination</b>				
1.	Neurological disorders such as to prevent reasonable control of a motor vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Any Cardiac or Circulatory disorder including Hypertension such as to prevent reasonable control of a motor vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Neuropsychiatric disorders such as to prevent reasonable control of a motor vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Conditions causing repeated lapses of consciousness, e.g. epilepsy, narcolepsy, hysteria, etc.? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, specify:..... If seizure disorder, date of last seizure .....			
5.	Alcoholism?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Narcotic/Drug Addiction? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Uncontrolled Diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Uncontrolled Epilepsy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Immobility or Amputation of an Appendage? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If so, list: .....			
10.	Does this person have any other condition that would prevent control of a motor vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, list: .....			

**NOTE: Any recommendations/additional comments must accompany this certificate on physician letterhead enclosure**

**PROVIDER INFORMATION (Please print or type)**

PROVIDER'S NAME	SPECIALTY	STATE LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	FAX		

I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.

Examinee's Signature (SIGN ONLY IN PRESENCE OF PHYSICIAN) \_\_\_\_\_ Provider's Signature \_\_\_\_\_ Physical Date \_\_\_\_\_

**TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRESENT THE FOLLOWING:**

U.S. Citizens -	Non-U.S. Citizens - You must bring ALL of the following:
<p><b>Social Security Card</b> (card cannot be laminated) AND <b>ONE</b> of the following:</p> <ul style="list-style-type: none"><li>• Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico. <b>Non-U.S. Birth Certificates will not be accepted</b>)</li><li>• Certificate of U.S. Citizenship (BCIS/INS Form N-560)</li><li>• Certificate of Naturalization (BCIS/INS Form N-550 or N-570)</li><li>• Valid U.S. Passport</li></ul> <p><b>NOTE: Only valid Passports and original documents will be accepted.</b></p> <p>♦ If you have an Out-of-State Driver's License, it must be accompanied with one of the above forms.</p>	<ul style="list-style-type: none"><li>• Social Security Card</li><li>• Valid Passport</li><li>• All original BCIS/INS documents</li><li>• Written verification of attendance from school (<b>Student Status Only</b>)</li><li>• Written verification from employer (<b>Employment Status Only</b>)</li></ul> <p>To obtain detailed information regarding "identity/residency requirements", you can:</p> <ul style="list-style-type: none"><li>• Visit <a href="http://www.dmv.state.pa.us">www.dmv.state.pa.us</a></li><li>• Call us at 1-800-932-4600 or 1-800-228-0676 (TDD) Monday through Friday from 8:00 am to 6:00 pm, or</li><li>• Visit one of our Driver License Centers.</li></ul>
<p>All documents must 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 documents cannot 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):**

- Current utility bills (*water, gas, electric, cable, etc.*)
  - Tax Records
  - Lease Agreements
  - W-2 Form
  - Current weapons permit
  - Mortgage documents
- 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 Drivers License or Photo ID to the Driver License Center. You will also need to provide a second proof of residency such as official mail (bank statement, tax notice, magazine etc.) that has your name and address on it. The address must match that of the person with whom you reside.

**ORGAN DONATION AWARENESS TRUST FUND (ODTF):** You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to the fee above and included in your payment by check/money order.

Permit Fee: Additional permit fee of \$5.00 for each permit requested.  
MSEA Fee: These additional fees are required under the Pennsylvania Vehicle Code Section 7904 and will be used to support a Motorcycle Safety Education Program in the Commonwealth of Pennsylvania.

**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.