



PROBATIONARY LICENSE (PL) RENEWAL APPLICATION

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

CURRENT DRIVER LICENSE INFORMATION (Type or print information from current PL)

| | | | | | | | | | | |
|--------------------------------|-----|------|-----------|----------------|--|--|-------------------------|-----|------|----------------------------------------------|
| Last Name | | | Jr., etc. | First Name | | | Middle Name | | | |
| DATE OF BIRTH (must be listed) | | | Age | License Number | | | License Expiration Date | | | Telephone Number (between 8:00 am - 4:30 pm) |
| Month | Day | Year | | | | | Month | Day | Year | |

THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct.)

Address Change - 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 | | Telephone Number (between 8:00 am - 4:30 pm) | | | |

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.

B Name Change (Please note all name changes must be done in person with original documents)

| | | | | | | | | | |
|-----------|--|--|-----------|------------|--|--|-------------|--|--|
| Last Name | | | Jr., etc. | First Name | | | Middle Name | | |
|-----------|--|--|-----------|------------|--|--|-------------|--|--|

Reason for Name Change: Marriage Divorce Other (see instructions on reverse)

OUT-OF-STATE ADDRESS CHANGE. Driver 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, 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. 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

Operating Hour Change (Please attach a letter from your employer or school justifying your request)

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please Change Hours To: (__:__) <input type="checkbox"/> AM <input type="checkbox"/> PM to (__:__) <input type="checkbox"/> AM <input type="checkbox"/> PM. |
| Reason For Change: <input type="checkbox"/> WORK <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER |

Vehicle Information Change (Attach additional sheets of paper, if needed) (maximum of five vehicles)

| | Add | Delete | Change | Year | Make | Model | License Plate Number | State |
|----|--------------------------|--------------------------|--------------------------|------|------|-------|----------------------|-------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Vehicle Insurance Information Change (Attach additional sheets, if needed)

| | Insurance Company Name | Policy Number | Effective Date | Expiration Date |
|----|------------------------|---------------|----------------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

NOTE: All vehicles you will drive must have a valid registration and insurance. **Proof of Insurance must be sent for vehicles being added.**

ACKNOWLEDGMENT

For Veterans wishing to add the Veterans Designation to their Driver's License or ID Card: 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 and/or identification card.

I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state. 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.

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.

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 Paid block.

I wish to voluntarily contribute \$5.00 to the Veterans' Trust Fund. If checked here, include the \$5.00 in the total fees entered in the Fee Paid block.

**SIGN
HERE**

APPLICANT'S SIGNATURE IN INK _____

DATE _____

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 one year (18 Pa C.S., Section 4904[b]).

(See Renewal Fees on back)

PAID BY: Debit/Credit Card Check Money Order

Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)

TOTAL \$ _____

PROBATIONARY LICENSE RENEWAL APPLICATION INSTRUCTIONS

The Probationary License (PL) may be renewed up to 60 days prior to its expiration. Carefully read and follow the instructions below for completing the Probationary License Renewal Application. The Application must be complete and accurate for your request to be considered. Attach additional sheets of paper if needed.

1. **SECTION A** - Fill in all blocks using the information on your current PL. Be sure to write the information exactly as it appears on your PL. Please provide a daytime telephone number (between 8:00am and 4:30pm, Monday through Friday) where the Department can reach you, if necessary, to get additional information to process your Application.
2. **SECTION B** - Complete this section only if your current address, or name, is different from the information you gave to PennDOT for your current PL.

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 is 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 a copy of 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, or banking records.

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. TTY callers - please dial 711 to reach us.

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.**

3. **SECTION C** - If you are adding or deleting vehicles to your original Petition, list each vehicle (including rental vehicles), give the year/make/model of the vehicle, the license plate number and state, the vehicle insurance company name, policy number, and the policy's effective and expiration dates. You must also send a copy (not the original) of **one** of the following documents, for each vehicle listed, as proof of financial responsibility/insurance along with the Application:
 - (1) A financial responsibility/insurance identification card
 - (2) A copy of the declaration page from the insurance policy
 - (3) A copy of an application for insurance to the Pennsylvania Automobile Insurance Plan signed by a licensed insurance agent or broker
 - (4) A certificate of self-insurance issued by PennDOT
 - (5) A valid binder of insurance issued by an insurance agent or company licensed to sell motor vehicle liability insurance in Pennsylvania
If you drive more than one company-owned vehicle, you only need to send one copy of the company's financial responsibility/insurance identification card.
4. **SECTION D** - Read this section before signing. Once you have read and understand the information, sign your name in ink on the line provided. Your Application will be rejected if it does not include your signature. If you used a Messenger Service, such as an automobile club or notary public, to help you complete this form, place a check in the box provided.

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 C.

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 in Section C 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.

5. Once you have completed the Application, send a check or money order made payable to PennDOT for the exact amount you owe along with the Application and Proof of Insurance(s) to **Bureau of Driver License, OLL/PL, P.O. Box 68689, Harrisburg, PA 17106-8689.**

If this Application is processed, but you do not receive your Camera Card, you may apply free of charge for a replacement license on form DL-80OP (Application for Change/Correction/Replacement of Occupational Limited License or Probationary License) within 90 days of the original issue date.

RENEWAL FEES

Probationary License Renewal (includes application fee, \$5.25 license fee, \$15.50 photo fee, and \$84 processing fee) \$104.75.

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.