

D MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18 APPLYING FOR A LEARNER'S PERMIT OR ORGAN DONOR DESIGNATION
 I hereby certify that I am Parent, Guardian, Person in Loco Parentis or 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.

ACKNOWLEDGEMENT

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.
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 block.
 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.

SIGN HERE _____ DATE _____
 APPLICANT'S SIGNATURE IN INK

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]).

PAID BY: Check Debit/Credit Card Money Order **Total \$** _____
 Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)

*AFFIDAVIT: This section must be notarized when applying for replacement of a Camera Card. You are entitled to a free replacement ONLY 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.

SUBSCRIBED AND SWORN TO BEFORE ME:

MO.	DAY	YEAR
Signature of Person Administering Oath		

SIGN IN PRESENCE OF NOTARY

S E A L

CHANGE/CORRECTION/REPLACEMENT DUE TO:				FEE	ITEM(S) SENT
Driving Hours (PL ONLY)	Vehicle Insurance Information (PL ONLY)	Address		Free	Authorization Letter (PL ONLY)
Vehicle Information (PL ONLY)	Employer/School Information (PL ONLY)				
Name	Height	Eye Color	Address	\$37.50 \$42.50 with Motorcycle	Camera Card (Valid for 10 days) Authorization Letter (PL ONLY)
Date of Birth					
Add/Delete Organ Donor Designation				\$37.50 \$42.50 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)
Lost Camera Card (no photo taken)				\$5.00 \$10.00 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)
Lost License (photo taken)				\$37.50 \$42.50 with Motorcycle	Camera Card (Valid for 7 days) and Authorization Letter (PL ONLY)
OLL License Extension / Address Change				\$37.50 \$42.50 with Motorcycle	Duplicate License
Lost Authorization Letter (PL ONLY)				\$5.00	Authorization Letter
Lost or Renew Permit (PL ONLY)				\$5.00	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.