



NON-COMMERCIAL LEARNER'S PERMIT APPLICATION YOU MUST APPLY IN PERSON

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION DRIVER'S LICENSE NUMBER/I.D. NUMBER:

Form section for personal information including Last Name, First Name, Middle Name, Date of Birth, Height, Social Security Number, Sex, Telephone Number, Eye Color, and Street Address.

Form section for fees and permits, including 'PERMIT(S) DESIRED' and 'LICENSE REQUIRED' with checkboxes for various options and associated fees.

Form section for questions, starting with 'ALL QUESTIONS MUST BE ANSWERED' and containing four numbered questions about license history and criminal charges.

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.

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.

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

Form section for 'COMPLETED BY DRIVER LICENSE EXAMINER OR A PROVIDER' including vision screening results and a table for 'COMPLETE ALL ITEMS' (Uncorrected/Corrected vision for Right Eye, Left Eye, Both Eyes, and Fields).

Form section for 'COMPLETED BY DRIVER LICENSE EXAMINER ONLY' including 'EXAMINER'S DRIVER CERTIFICATION' and fields for signature, date of issue, and exam center.

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

Please check any of the following that **would** prevent control of a motor vehicle.

- Neurological disorders     Neuropsychiatric disorders     Circulatory disorder     Cardiac disorder     Hypertension  
 Uncontrolled Epilepsy     Uncontrolled Diabetes     Cognitive Impairment     Alcohol abuse     Drug abuse  
 Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.)  
 Specify: \_\_\_\_\_ If seizure disorder, date of last seizure: \_\_\_\_\_  
 Impairment or Amputation of an appendage. If so, list: \_\_\_\_\_  
 Other: \_\_\_\_\_

**NOTE: Any recommendations/additional comments must accompany this certificate on a health care provider's letterhead.**

**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 PROVIDER)

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Physical Date

**TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRESENT THE FOLLOWING:****U.S. Citizens -**

**Social Security Card** (card cannot be laminated) AND **ONE** of the following:

- Birth Certificate with raised seal (**U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico. Non-U.S. Birth Certificates will not be accepted**)
- Certificate of U.S. Citizenship (**BCIS/INS Form N-560**)
- Certificate of Naturalization (**BCIS/INS Form N-550 or N-570**)
- Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted.)

**NOTE: If you have an Out-of-State Driver's License, you should present it along with your Social Security Card and one of the above forms.**

**Non-U.S. Citizens – You must bring ALL of the following:****• Social Security Card**

- Valid Passport
- All original **USCIS/immigration** documents
- Written verification of attendance from school (**Student Status Only**)
- Written verification from employer (**Employment Status Only**)

To obtain detailed information regarding "identity/residency requirements," you can:

- Visit the Identity/Security Info Center at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)
- Call us at 1-800-932-4600 or 1-800-228-0676 (TDD) Monday through Friday from 8 a.m. to 5 p.m., or
- Visit one of our Driver License Centers.

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.)

**TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT TWO OF THE FOLLOWING (for customers 18 years of age or older):**

- Tax Records    • Lease Agreements    • Mortgage Documents    • W-2 Form    • Current Weapons Permit (U.S. Citizen only)
- Current Utility Bills (water, gas, electric, cable, etc.)

**--The proof of residency documents must have your name and official Pennsylvania street address on it.--**

**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 Driver's 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 physical 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.