

APPLICATION FOR INITIAL PHOTO IDENTIFICATION CARD

Please follow the instructions on the back.



Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17106-8272

A PA DRIVER'S LICENSE NUMBER/ID NUMBER:

LAST NAME														JR./ETC	
FIRST NAME														MIDDLE NAME	
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER						SEX	Telephone Number (8:00 a.m. to 4:30 p.m.)			
MONTH	DAY	YEAR	FEET	INCHES				-							

EYE COLOR (please check one): BLUE BROWN GREEN HAZEL PINK BLACK GRAY DICHROMATIC OTHER _____

CURRENT ADDRESS - A post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.

STREET ADDRESS _____

CITY _____ STATE **PA** ZIP CODE _____

If this is a change of address and you are a registered voter in PA, would you like us to notify your county voter registration office of this change? YES NO

If you are not a registered voter, you may contact your county voter registration office.

B CHECK APPLICABLE BLOCK BELOW:

	FEE INFO.
1. <input type="checkbox"/> I HAVE NEVER HELD A PENNSYLVANIA DRIVER'S LICENSE OR IDENTIFICATION CARD AND I AM APPLYING FOR AN INITIAL PHOTO IDENTIFICATION CARD. (You must apply in person at any Driver License Center.)	\$12.00
2. <input type="checkbox"/> I CURRENTLY HOLD A PENNSYLVANIA DRIVER'S LICENSE AND AM APPLYING FOR A NON-DRIVER PHOTO IDENTIFICATION CARD FOR THE FOLLOWING REASON:	FREE
<input type="checkbox"/> I am surrendering my driving privilege for health reasons that may affect my ability to safely operate a motor vehicle. I understand that my license will not be reissued until I successfully complete the appropriate examination. (If you have not already surrendered your Driver's License/ Learner's Permit, please attach it to this application.)	
<input type="checkbox"/> I am voluntarily surrendering my driving privilege with the understanding that it will be retained for a minimum of six months as required by 67 Pa. Code 93.2. It is understood that I will not be permitted to apply for my driver's license, Class A through M inclusive, for a period of six months. (Attach Driver's License/ Learner's Permit.) A VOLUNTARY SURRENDER WILL NOT BE ACCEPTED AS CREDIT TOWARD A SUSPENSION, RECALL, CANCELLATION, OR REVOCATION.	\$12.00
<input type="checkbox"/> As a result of my parent's or guardian's withdrawal of consent for me to drive a motor vehicle (Attach Driver's License/ Learner's Permit.) PLEASE NOTE: A DL-100A MUST ACCOMPANY THIS APPLICATION.	\$12.00
<input type="checkbox"/> As a result of the suspension of my driver's license, (License MUST be attached. If not, you MUST complete the ACKNOWLEDGEMENT: I _____ (PRINT NAME)	
<input type="checkbox"/> I hereby acknowledge that my driving privilege is suspended/revoked/disqualified in Pennsylvania	
A. <input type="checkbox"/> License issued by Pennsylvania has expired.	
B. <input type="checkbox"/> License issued by Pennsylvania has been: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated When? _____ How? _____	\$12.00
C. <input type="checkbox"/> License issued by Pennsylvania has been surrendered to or confiscated by the Police/Court. When? _____ What Police Department/County? _____	
D. <input type="checkbox"/> License issued by Pennsylvania has been previously surrendered to PennDOT to serve an existing period of suspension. When? _____ Why were you suspended? _____	
3. <input type="checkbox"/> I DESIRE TO HOLD A PHOTO IDENTIFICATION CARD ALONG WITH MY PENNSYLVANIA DRIVER'S LICENSE.	\$12.00

C CERTIFICATION (SIGN AND ENTER DATE OF APPLICATION)

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 wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).

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 1 year (18 Pa. C. Section 4904 (b)).

REQUEST FOR ORGAN DONOR DESIGNATION/PARENTAL CONSENT

I am under the age of 18 years and I hereby request Organ Donor designation on my Pennsylvania Photo I.D. Card. Applicants 18 years of age or older will have the opportunity to request Organ Donor designation at the Photo Driver's License Center at the time they have their photo taken.

I hereby certify that I am a Parent, Guardian, Person in Loco Parentis, or Spouse at least 18 years of age and I:

- Do give consent
- Do NOT give consent for applicant's request for Organ Donor designation.

SIGN HERE _____

SIGNATURE OF PARENT, GUARDIAN, PERSONS IN LOCO PARENTIS, OR SPOUSE AT LEAST 18 YEARS OF AGE DATE

D RESIDENCY REQUIREMENTS (PLEASE CHECK TWO)

- Mortgage Documents Lease Agreements W-2 Form Tax Records
- Current Weapons Permit (for U.S. Citizens Only) Other _____
- Current Utility Bills (water, gas, electric, cable) *Cellular/mobile or pager bills are not acceptable

VERIFICATION OF BIRTH DATE AND IDENTITY

- Birth Certificate
- Other _____

SIGN HERE _____

SIGNATURE OF EXAMINER

DATE

BADGE NO.

EXAM CENTER

APPLICANT INFORMATION

You must be at least 10 years of age or older to obtain a Pennsylvania Photo Identification Card.

If you are under 18 years of age your parent, guardian, person in loco parentis, or spouse who is 18 years of age or older must accompany you. Proper Identification is required and if the last names are different, verification of relationship is needed.

• Out-of-State Address Change: We may not issue driver license products to an out-of-state address, except in the case of an employee of the federal or state government, armed forces personnel, and immediate members of 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

SECTIONS A, B & C MUST BE COMPLETED IN THEIR ENTIRETY. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION.

If you checked Block 1 in Section B, you must apply in person at a Driver License Center with the identity and residency documents listed below. If you are under 18 years of age, your parent, guardian, person in loco parentis, or spouse who is 18 years of age or older must accompany you. Proper identification is required and if the last names are different, verification of relationship is needed. **PLEASE NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.**

If you checked Block 2 or Block 3 in Section B, you can mail 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.**

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 (**USCIS Form N-560**)
- Certificate of Naturalization (**USCIS Form N-550 or N-570**)
- Valid U.S. Passport

◆ **If you have an Out-of-State Driver's License, it must be presented with one of the above forms of identification.**

NOTE: ONLY VALID PASSPORTS AND ORIGINAL DOCUMENTS WILL BE ACCEPTED. If the name on your original document differs from your current name, you must provide an original Marriage Certificate, Divorce Decree, or Court Order document.

NON-U.S. CITIZENS

Bring All of the following:

- Social Security Card, or letter from SSA indicating that SSA did not make a decision yet, or SSA rejection letter
- Valid Passport
- All original (USCIS) 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 www.dmv.state.pa.us
- Call us at 1-800-932-4600 or 1-800-228-0676 (TDD), Monday through Friday from 8:00 a.m. to 6:00 p.m.

TO MEET RESIDENCY REQUIREMENTS You MUST Present TWO of the Following (for customers 18 years of age or older):

- | | | |
|---|----------------------|--|
| • Lease Agreements | • Mortgage Documents | • Current Weapons Permit (for U. S. Citizens Only) |
| • Current Utility Bills (water, gas, electric, cable, etc.) | • W-2 Form | • Tax Records |
- *Cellular/mobile or pager bills are not acceptable

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 address on it. The address must match that of the person with whom you reside.

Organ Donor 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 \$12.00 fee and included in your payment by check or money order.

The department is required to obtain the Licensee's Social Security number, height and eye color under the provisions of Sections 1510(a) and/or 1609(a)(4) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud. Federal law permits the use of the Social Security number by state licensing officials for purposes of identification.