



NON-COMMERCIAL LEARNER'S PERMIT

APPLICATION TO ADD/EXTEND/REPLACE/CHANGE/CORRECT

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

If you have not taken or successfully completed the Road Test within three (3) years of your physical examination date, you MUST start over with another Non-Commercial Learner's Permit Application and retake the Knowledge Test.

NOTE: COMPLETE ALL INFORMATION AS IT APPEARS ON YOUR CURRENT PENNSYLVANIA NON-COMMERCIAL DRIVER'S LICENSE OR LEARNER'S PERMIT

A	DRIVER'S LICENSE NUMBER		LAST NAME		JR/ETC	
	FIRST NAME				MIDDLE NAME	
	DATE OF BIRTH		TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)		E-MAIL ADDRESS (if applicable)	
	Month	Day	Year			
CHECK APPLICABLE BLOCK ON LINE 1 AND LINE 2: 1. <input type="checkbox"/> ADD/EXTEND <input type="checkbox"/> LOST (Replace) <input type="checkbox"/> STOLEN (Replace) <input type="checkbox"/> MUTILATED (Replace) <input type="checkbox"/> NEVER RECEIVED 2. <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS A (Complete Section D)						
B	CHANGE OR CORRECTION ONLY (Important information on reverse side)					
	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
					PA	
	If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a registered voter, you may contact your county voter registration office.					
	NAME CHANGE (Please note all name changes must be done in person with original documents) REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)					
	LAST NAME		JR., ETC.	FIRST NAME		MIDDLE NAME
	OTHER CHANGES					
	EYE COLOR (Please check one): <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> OTHER _____					
CORRECTION OF DATE OF BIRTH		HEIGHT		SOCIAL SECURITY NUMBER		
MONTH	DAY	YEAR	FEET	INCHES		
C	AUTHORIZATION AND CERTIFICATION					
	<input type="checkbox"/> 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 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 hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.) <input type="checkbox"/> I wish to contribute \$3.00 to the Organ Donation Awareness Trust Fund. (see reverse) <input type="checkbox"/> I wish to contribute \$3.00 to the Veterans' Trust Fund. (see reverse)					
	SIGN HERE		APPLICANT'S SIGNATURE IN INK		DATE	
PAID BY: <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash. For more payment options please visit www.dmv.pa.gov) TOTAL \$						
D	NOTARY MUST BE COMPLETED IF PRODUCT NOT RECEIVED OR IF APPLICANT IS UNDER THE AGE OF 18					
	If you never received your Learner's Permit you are entitled to a free permit 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					
E	MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18					
	I hereby certify that I am					
	<input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, <input type="checkbox"/> Person in Loco Parentis, or <input type="checkbox"/> Spouse at least 18 years of age, of the applicant named herein, that the statements made hereon are true and correct to the best of my knowledge and that this application is made with my full consent.					
	SIGN HERE					
	(Signature of Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age)					
(Print Name as it Appears in Signature Above)						
S E A L	SIGN IN PRESENCE OF NOTARY					