

APPLICATION FOR INITIAL IDENTIFICATION CARD Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17106-8272

	ALL SECTIONS MUST BE COMPLETED						
Α	LAST NAME	AME JR./ETC					
\neg							
Į.							
ŀ	FIRST NAME	MIDDLE NAME					
- [SIRTH HEIGHT SOCIAL SECURITY NUMBER OR DRIVER'S LICENSE NUMBER SEX Telephone Number (8:00 a.m. to 4:30 p.m.					
ŀ	DATE OF BIRTH HEIGHT SOCIAL SECURITY NUMBER OR DRIVER'S						
ŀ	MONTH DAY YEAR FEET INCHES	3 LICENSE INC	DIVIDEN	OLX	relephone Number (8.00	a.iii. to 4.30 p.iii.)	
ı							
L							
	YE COLOR (please check one): BLUE BROWN GREEN HAZEL PINK BLACK GRAY DICHROMATIC OTHER						
ŀ	IRRENT STREET ADDRESS - A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.						
	The second second second second in addition to the delegal residence deduces, but cannot be used as the only dudices.						
ı	TY STATE ZIP CODE						
L	PA PA						
	If this is a change of address and you are a registered voter in PA, would						
l	you like us to notify your county voter registration office of this change? YES NO NO No if you are not a registered voter, you may contact your county voter registration office.						
	Do you hold a current/valid out-of-state driver's license? YES NO If yes, you must surrender your out-of-state valid license.						
В							
믜	B CHECK APPLICABLE BLOCK BELOW:						
	1. I HAVE NEVER HELD A PA DRIVER'S LICENSE/PERMIT OR IDENTIFICATION CARD AND I AM APPLYING FOR AN						
J	INITIAL IDENTIFICATION CARD. (You must apply in person at any Driver License Center.)						
Ţ	2. I CURRENTLY HOLD A PA DRIVER'S LICENSE/PERMIT AND AM APPLYING FOR A NON-DRIVER IDENTIFICATION						
	CARD FOR THE FOLLOWING REASON: 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			•			
	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.						
- 1							
	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.						
	Learner's Permit.) PLEASE NOTE: A DL-100A MUST ACCOMPANY THIS APPLICATION.						
	As a result of the suspension of my driver's license. License MUST be attached. If not, you MUST complete the ACKNOWLEDGEMENT: I						
	B. ☐ License issued by Pennsylvania has been: ☐ Lost ☐ Stolen ☐ Mutilated \$27						
	When? How?						
	C. License issued by Pennsylvania has been surrendered to or confiscated by the Police/Court. When? What Police Department/County?						
	When? What Police Department/County? D. License issued by Pennsylvania has been previously surrendered to PennDOT to serve an existing period of suspension.						
- [When? Why were you suspended?						
ļ							
	O. I DESIRE TO HAVE AN IDENTIFICATION CARD ALONG WITH MY CURKE	EIN I / EXPIH	IED PA DRIVER S	LIUE	NOE/PERIVII I.	\$27.50	
러	CERTIFICATION (CICN AND ENTER DATE OF ARRUSATION)		OUEST COD OF		DONOR REGION	IATION	
러	CERTIFICATION (SIGN AND ENTER DATE OF APPLICATION)	"			DONOR DESIGN CONSENT	IATION	
	request it be added to my product. I understand that misrepresentation will result in the cancellation of my identification card. I am under the age of 18 years and I hereby request the cancellation of my identification card. I am under the age of 18 years and I hereby request designation on my Pennsylvania I.D. Card. Applicants or older will have the opportunity to request Organ Dorat the Social Security Administration to release to the Department of Transportation information information seeming my Social Security Identification Number for the purpose of identification. If using a				and I hereby reques	t Organ Donor	
- 1					18 years of age		
					ave their photo		
J	Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form.		certify that I am a			, l	
	e of processing this form. Person in Loco Parentis, or Spouse at least 18 yes. I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).				ears of age and		
- [I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse).		•	nt for	applicant's request f	or Organ	
J			Do NOT give conser Donor designation.	111 101	applicant s request i	or Organ	
- [SIGN	l	-				
- [HERE APPLICANT'S SIGNATURE IN INK DATE	SIGN					
J	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]).	HERE	OF PARENT GUADDIAN DEDOONS "	LOCO PAC	ENTIS, OR SPOUSE AT LEAST 18 YEAR:	S OF AGE DATE	
ᆔ				LOOU PARI	LITTIS, ON GEOUSE AT LEAST 18 YEAR!	J J. AGE DATE	
니		D NUMBE					
- [RESIDENCY REQUIREMENTS (LIST TWO) 1.		2				
- [VERIFICATION OF BIRTH DATE & IDENTITY Birth certificate Other						
- [SIGN						
	HERE SIGNATURE OF EXAMINER DATE	BADGE NO.		EXAM	CENTER		

You must be at least 10 years of age or older to obtain a Pennsylvania 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): \square Spouse \square Dependent Child					

SECTION B

If you check block 1, you must apply in person at a Driver License Center with the identity and residency documents listed below. If you check block 2 or block 3, you can mail your completed and signed application.

SECTION C

Veterans Designation: You have the opportunity to add the veterans designation to your identification card, 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 ID card, make sure you check the box at the top in Section C.

NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.

If mailing your application along with your check or money order (if applicable) made payable to PennDOT, send 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 You must bring 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.) No other birth documents will 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 (Only valid U.S. Passports and original documents will be accepted.)
 - ◆ If you have an Out-of-State Driver's License, it must be presented with one of the above forms of identification.

NOTE: 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 - You must 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
- Written verification of attendance from school (Student Status Only)
- Valid Passport
- Written verification from employer (Employment Status Only)
- · All original (USCIS) documents

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

- Lease Agreements
- Tax Records
- Mortgage Documents
- Current Weapons Permit (for U. S. Citizens Only)
- Current Utility Bills (water, gas, electric, cable, phone, etc.)
 W-2 Form

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

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 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 \$3.00 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.

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.

To obtain more information you can visit us at <u>www.dmv.state.pa.us</u> or call us: Monday - Friday 8:00 am to 5:00 pm In state: 1-800-932-4600 • TDD: 1-800-228-0676 • Out-of-State: 1-717-412-5300 • TDD Out-of-State: 1-717-412-5380