



NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

YOU MUST APPLY IN PERSON

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

Form with fields for: LAST NAME (S), FIRST NAME, MIDDLE NAME, DATE OF BIRTH, HEIGHT, SOCIAL SECURITY NUMBER, SEX, TELEPHONE NUMBER, EMAIL ADDRESS, EYE COLOR, STREET ADDRESS, CITY, STATE, ZIP CODE, PERMIT(S) DESIRED, FEE, LICENSE REQUIRED, FEE, Trust Fund Contribution(s), PAID BY, TOTAL.

ALL QUESTIONS MUST BE ANSWERED (Check [X] Applicable Block) YES NO

- 1. Have you ever held or possessed a Driver's License (DL)/Learner's Permit (LP)/Photo Identification Card (ID) from PA or any other state?
2. Is your right to apply for a license or your privilege to operate a vehicle in this or any other state currently suspended, revoked, or subject to installation of an ignition interlock device?
3. Do you have any pending criminal charges or driving violations in this state or any other state which may carry a possible penalty of suspension or revocation of your driver's license or driving privilege?
4. Do you hold a valid license or ID card from any other state?

AUTHORIZATION AND CERTIFICATION

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 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 this information contained herein is true and correct.

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. Parent must check consent block on the ParenGuardian Consent Form (DL-180TD).

SIGN HERE

(APPLICANT'S SIGNATURE IN INK)

(DATE)

FOR OFFICIAL USE ONLY																												
COMPLETED BY HEALTH CARE PROVIDER OR DRIVER LICENSE EXAMINER			COMPLETED BY DRIVER LICENSE EXAMINER ONLY																									
VISION SCREENING CHECK (✓) YES NO 20/40 vision or less in better eye with correction..... <input type="checkbox"/> <input type="checkbox"/> Report of Eye Examination (attached)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Qualified Without Restrictions <input type="checkbox"/> Qualified With Restrictions <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Other: _____ _____ <div style="text-align: right; font-size: small;">(PROVIDER SIGNATURE)</div>	COMPLETE ALL ITEMS <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 25%;">Uncorrected</td> <td style="width: 50%;"></td> <td style="width: 25%;">Corrected</td> </tr> <tr> <td>20/</td> <td style="text-align: center;">Right Eye</td> <td>20/</td> </tr> <tr> <td>20/</td> <td style="text-align: center;">Left Eye</td> <td>20/</td> </tr> <tr> <td>20/</td> <td style="text-align: center;">Both Eyes</td> <td>20/</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td style="text-align: center;">Fields</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> </table>	Uncorrected		Corrected	20/	Right Eye	20/	20/	Left Eye	20/	20/	Both Eyes	20/	R	L	Fields	R	L		EXAMINER'S DRIVER CERTIFICATION This is to certify that the above applicant has applied for and passed the examination for the above class(es) for a Pennsylvania Driver's License. _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (SIGNATURE OF EXAMINER) (DLE NO.) </div> DATE OF ISSUE: _____ <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> EXAM CENTER: _____			MONTH	DAY	YEAR			
Uncorrected		Corrected																										
20/	Right Eye	20/																										
20/	Left Eye	20/																										
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R	L	Fields																										
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MONTH	DAY	YEAR																										
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. <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Neuropsychiatric disorders <input type="checkbox"/> Circulatory disorder <input type="checkbox"/> Cardiac disorder <input type="checkbox"/> Hypertension <input type="checkbox"/> Uncontrolled Epilepsy <input type="checkbox"/> Uncontrolled Diabetes <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.) Specify: _____ If seizure disorder, date of last seizure: _____ <input type="checkbox"/> Impairment or Amputation of an appendage. If so, list: _____ <input type="checkbox"/> 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 (must be original; card cannot be laminated) AND ONE of the following: <ul style="list-style-type: none"> • Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico.) No other birth documents will 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 <u>ALL</u> of the following: <ul style="list-style-type: none"> • Original USCIS/immigration documents indicating current lawful immigration status • Valid Passport, dependent on status • Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated) (Please note: Documents must be original, photo copies will not be accepted.) To obtain detailed information regarding "identity/residency requirements," you can: <ul style="list-style-type: none"> • Visit www.dmv.pa.gov and Enter Search Term "Pub-195NC," and review required documents; or • Contact us at 717-412-5300. TTY callers - please dial 711 to reach us. 																									
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.

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 of the Authorization and Certification Section on side 1.

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 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.

Permit Fee: Additional permit fee of \$5.00 for each class 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.