DL-15 (8-19)

pennsylvania
DEPARTMENT OF TRANSPORTATION

OCCUPATIONAL LIMITED LICENSE (OLL) PETITION

Bureau of Driver Licensing • P.O. Box 68689 • Harrisburg, PA 17106-8689

Please review the following pages for instructions on completing this petition

A — DRIVER INFORMATION (Type or print information)

LAST NAME	JR.,ETC.	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (must be listed)			LICENSE NUMBER	LICENSE EXPIRATION DATE			TELEPHONE NUMBER (BETWEEN 8:00 AM - 4:30 PM)
MONTH	DAY	YEAR		MONTH	DAY	YEAR	

B — THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct)

ADDRESS CHANGE

STREET ADDRESS: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address. See below if using an out-of-state address.

CITY	STATE	ZIP CODE

If you are a registered voter in PA, would you like us to notify your county voter registration office of this change?
If you are not a registered voter, you may contact your county voter registration office. ❑ YES ❑ NO

HAVE YOU CHANGED YOUR NAME?

List the name(s) you have used in the past. _____ _____

LAST NAME	JR.,ETC.	FIRST NAME	MIDDLE NAME

REASON FOR NAME CHANGE *(See FEES Section on instructions page)*

❑ **Marriage** ❑ **Divorce** ❑ **Other (see instructions)** _____

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 federal or state government, armed forces personnel, or 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.

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 ❑ PA State Employment Relationship to person meeting exemption (check one): ❑ Spouse ❑ Dependent Child

C — VEHICLE INFORMATION (Attach additional sheets, if needed)

Check the type of OLL you are requesting. ❑ Non-Commercial ❑ Non-Commercial with Motorcycle

	Year	Make	Model	License Plate Number	State
1.					
2.					
3.					
4.					
5.					

VEHICLE INSURANCE INFORMATION (Attach additional sheets, if needed)

	Insurance Company Name	Policy Number	Effective Date	Expiration Date
1.				
2.				
3.				
4.				
5.				

NOTE: All vehicles you will drive must have a valid registration and insurance. Proof of Insurance must be sent for all vehicles listed above.

***NOTE:** This petition must be mailed to the address listed on the DL-15 and will not be accepted or processed at any PennDOT Driver License Centers.

D

EMPLOYER INFORMATION (W1)	SCHOOL INFORMATION (S1)	MEDICAL TREATMENT INFORMATION (T)
(Attach additional sheets if you have more than one job.) Company Name _____ Address _____ City _____ State_____ Zip _____ Telephone Number of your immediate Supervisor: _____ Self Employed: ❒ Yes ❒ No (Submit proof of self-employment with OLL Petition by sending a copy of your 1099 form)	School Name _____ Address _____ City _____ State _____ Zip _____ Dean's Name _____ Telephone Number of your Dean: _____	Provider Name _____ Address _____ City _____ State _____ Zip _____ Contact Name_____ Telephone Number: _____

EXPLANATION

Explain your need for an OLL in detail, including why an OLL is essential to your occupation, work, trade, treatment, or study. Be sure to outline the hours and days of the week you need to drive. Attach additional sheets of paper if needed. *Note: This petition must be mailed to the address listed on the DL-15 and will not be accepted or processed at any PennDOT Driver License Centers.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The driver shall only operate a designated vehicle as defined in 75 Pa.C.S. § 1553(f)

E

ACKNOWLEDGMENT

❒ **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 Petition is true and correct. **I understand that the $70.00 Petition fee is non-refundable.** I confirm that I have received notice of the provisions of Section 3709 of the Vehicle Code.

❒ I used a Messenger Service to assist me in completing this form. I authorize the Department to give this Messenger Service my driving record information.

❒ I wish to contribute $3.00 to the Organ Donation Awareness Trust Fund (See instructions)

❒ I wish to contribute $3.00 to the Veterans' Trust Fund (VTF) (See instructions)

SIGN HERE X _____ _____

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 one year (18 Pa C.S., Section 4904[b]).

CHECKLIST	SEND BY CERTIFIED MAIL TO:
Did you remember to include the following fees on your check or money order? 1. ❒ Proof of Insurance for all vehicles listed in the Petition. **(Required)** 2. ❒ Renewal Fee and DL-143 Application (contact Department for fees if your license is expired or will expire during your term of suspension) **(Required)** 3. ❒ Restoration Fee **(Required)** For amount, call 717-412-5300 (amount is in restoration letter.) 4. ❒ $70.00 OLL Petition Fee (non-refundable) **(Required)** 5. ❒ $3.00 contribution to the Veterans' Trust Fund (Optional) 6. ❒ $3.00 contribution to the Organ Donation Awareness Trust Fund (Optional) 7. ❒ $ _____ **TOTAL AMOUNT DUE WITH PETITION**	**PA Department of Transportation** **Bureau of Driver Licensing** **OLL/PL Unit** **P.O. Box 68689** **Harrisburg, PA 17106-8689** (THIS FORM MUST BE MAILED TO THE ADDRESS ABOVE, PLEASE DO NOT BRING TO DRIVER LICENSE CENTER)

OCCUPATIONAL LIMITED LICENSE INSTRUCTIONS AND PETITION

What is an Occupational Limited License?

An Occupational Limited License (OLL) is a driver's license issued to a driver whose Pennsylvania driving privilege has been, or will be, suspended. An OLL authorizes driving a designated motor vehicle, under certain conditions, when it is necessary for the driver's occupation, work, trade, medical treatment or study. Based on your driving record and violations, the PA Department of Transportation will evaluate whether or not you are eligible for an OLL based on section 1553 of the Pennsylvania Vehicle Code which can be found at http://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=75&div=0&chpt=15.

To assist potential applicants an Occupational Limited License Fact Sheet can be used and you may obtain a copy from our website (http://www.dot.state.pa.us/Public/DVSPubsForms/BDL/BDL%20Fact%20Sheets/fs-oll.pdf). Certain violations and offenses make you ineligible for an OLL that are outlined on the OLL Fact Sheet. Once you decide to apply you must do so by completing the attached Occupational Limited License Petition (form DL-15).

To have continuous driving privileges, you must send your completed OLL Petition, check or money order, and Proof of Insurance(s) by **certified mail** to the PA Department of Transportation at least 20 days before your suspension begins. Within 20 days of receiving your Petition, the Department will inform you in writing whether or not you qualify for an OLL. This correspondence may take an additional 7 days to arrive through the mail to you. Your current license must be surrendered to the Department during this time. Petitions must be sent by certified mail.

If your Petition is received and approved less than 15 days but the OLL has not been issued before your suspension begins, the Department will delay the start of your suspension for up to 15 days. You will be issued an interim (temporary) license that is valid until the new suspension start date. Your suspension will begin upon the new effective date. You need to send your current driver's license, by **certified mail**, to the address shown on the bottom of the Petition.

If you are already under suspension and do not have a valid license, complete and send the attached Petition with a check or money order made payable to PA Department of Transportation, and Proof of Insurance(s) by **certified mail** to the address shown at the bottom of the Petition. Within 20 days of receiving your Petition, the Department will inform you in writing whether or not you are eligible for an OLL. This correspondence may take an additional 7 days to arrive through the mail to you.

INSTRUCTIONS FOR COMPLETING THE PETITION

Carefully read and follow the instructions below for completing the attached OLL Petition. The Petition must be complete and accurate for your request to be considered. Attach additional sheets of paper if needed.

1. **SECTION A** - Fill in all blocks. If you do not know your license number or expiration date, please leave those blocks blank.
   Provide a daytime telephone number **(between 8:00 a.m. and 4:30 p.m. Monday through Friday)** where the Department can reach you, if necessary, to get additional information to process your Petition.

2. **SECTION B** - **Name Change -** If you desire to use your birth name, you must present a copy of your state issued birth certificate with a raised seal. If your name was changed by permission of court, you must present a Certified Copy of the Court Order. If you desire to use your spouse's surname, you must present your marriage certificate. If you desire to use another name, you must present your Social Security Card, together with two other sources issued in the desired name such as Tax Records, Selective Service Card, Voter Registration Card, Passport, any form of Photo I.D. issued by a governmental agency, or state issued Birth Certificate. All additional documents for this section must be notarized copies.

   To report errors on your driver's license relating to name, date of birth or social security number, please contact PennDOT's Customer Care Center at 717-412-5300.

   If you are required to present supporting documentation to correct your record, all documents must be originals and presented in person at a PennDOT Driver License Center.

   - **For NAME corrections, you must present your state issued birth certificate with a raised seal, a Certified Copy of the Court Order or your marriage certificate.**
   - **For DATE OF BIRTH corrections, you must present state issued birth certificate with raised seal.**
   - **For SOCIAL SECURITY NUMBER corrections, you must present your Social Security Card.**

***Note: All name changes must be made in person at a Driver License Center. All documents must be original.**

3. **SECTION C** - Check only one box to indicate the type of Occupational Limited License you are applying for. Commercial drivers cannot get an OLL to drive a commercial vehicle. A commercial driver could be eligible for an OLL to drive a non-commercial vehicle to and from work or during work. A school bus cannot be driven by someone with an OLL. List all vehicles (including rental vehicles) that you will drive between your home and work, school, or treatment facility and during work or school. For each vehicle that you list, give the year/ make/model of the vehicle, the license plate number and state, the vehicle insurance company name, policy number, and the policy's effective and expiration dates. You must also send a copy (not the original) of one of the following documents, for each vehicle listed, as proof of financial responsibility/insurance along with the Petition:
   (1) A financial responsibility/insurance identification card
   (2) A copy of the declaration page from the insurance policy
   (3) A copy of an application for insurance to the Pennsylvania Automobile Insurance Plan signed by a licensed insurance agent or broker
   (4) A certificate of self-insurance issued by the Pennsylvania Department of Transportation
   (5) A valid binder of insurance issued by an insurance agent or company licensed to sell motor vehicle liability insurance in Pennsylvania if you drive more than one company-owned vehicle, you only need to send one copy of the company's financial responsibility/insurance identification card.

4. **SECTION D** - Provide the requested information for your employer, school, or treatment center, or any combination depending on where you need to drive. If you have more than one job, or attend more than one school, attach a piece of paper that lists the same information asked in this section for each additional job or school.

5. **SECTION E** - Read this section before signing. Once you have read and understand the information, sign your name in ink on the line provided. Your Petition will be rejected if it does not include your signature. If you used a Messenger Service, such as an automobile club or notary public, to help you complete the Petition, place a check in the box provided.

   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 in Section F.

   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.

   Organ Donation Awareness Trust Fund (ODTF): You have the opportunity to contribute $3.00 to the Fund. The additional $3.00 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.

6. Once you have completed the petition, to calculate the fee payable to PennDOT, by reviewing the checklist at the bottom of the DL-15 form. You will need to pay the *$70* non-refundable application fee, a restoration fee, and, if your current license expires during the term of your suspension, the license renewal fee. To determine the restoration fee you owe, you will need to call 717-412-5300 and ask for the fee amount from your restoration letter. The license renewal fee will vary depending on the type of license you hold. If you hold a Class C non-commercial license, the renewal fee is $30.50. Please note, to qualify for an Occupational Limited License, you must have paid all fines and court costs to the judicial system. These payments should **not** be sent to PennDOT. Once you have reviewed the check list and calculated what you owe to PennDOT, send a check or money order in that exact amount made payable to the PA Department of Transportation along with the DL-15 petition form and proof of insurance by certified mail to the PA Department of Transportation, Bureau of Driver Licensing, OLL/PL Unit, P.O. Box 68689, Harrisburg, PA 17106-8689.

7. Complete the Limited License Affidavit (DL-15A) forms. You are required by law to complete a Limited License Affidavit and carry it with your Photo Limited License at all times. An Affidavit Form is attached to this petition. You may start the process of completing it while awaiting to receive your limited license camera card.

   For Sections C, D, and/or E indicate each destination, time of day, and the days of the week that the schedule applies. Examples have been given for you to follow. If needed, attach additional sheets of paper explaining your driving schedule. If you do not have a routine driving schedule due to your job duties (such as self-employed, salespersons, delivery or truck drivers), include an explanation of the territory, or area, that you drive from and to along with your detailed explanation for an OLL. Be as specific as possible. You must list days and hours you work.

   If you have any questions, please write to the PA Department of Transportation and send to: PA Department of Transportation, Bureau of Driver Licensing, OLL/PL Unit .O. Box 68689, Harrisburg, PA 17106-8689. In order to provide an immediate response, please include your daytime telephone number.

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.

For any violation of Section 3709, I may be subject to a fine of up to $300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.

DL-15A (12-15)

pennsylvania
DEPARTMENT OF TRANSPORTATION

LIMITED LICENSE AFFIDAVIT

FOR LAW ENFORCEMENT OFFICIALS: This Affidavit allows this person to drive the vehicle(s) listed during the stated times for work, school, or medical treatment. in conjunction with an Occupational Limited License and under section 1553 of the PA Vehicle Code.

CARRY THIS AFFIDAVIT WITH YOUR LIMITED LICENSE AT ALL TIMES.

A — DRIVER INFORMATION (Type or print information)

LAST NAME	JR.,ETC.	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (must be listed)			LICENSE NUMBER	LICENSE EXPIRATION DATE		
MONTH	DAY	YEAR		MONTH	DAY	YEAR

CURRENT 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.	CITY	STATE	ZIP CODE

B — VEHICLE INFORMATION

	Year	Make	Model	License Plate Number	State
1.					
2.					
3.					
4.					
5.					

VEHICLE INSURANCE INFORMATION

	Insurance Company Name	Policy Number	Effective Date	Expiration Date
1.				
2.				
3.				
4.				
5.				

CARRY WITH OLL

DRIVING SCHEDULE INSTRUCTIONS

List your daily driving schedule. If you have a routine driving schedule, complete the chart(s) using the Destination Codes listed to the left of the chart. If you do not have a routine driving schedule due to your job duties (such as salespersons, delivery and truck drivers), explain the territory or area you drive, along with the days and hours you work. For both routine and non-routine schedules, include a detailed explanation of your need for an OLL on the lines marked Detailed Explanation.

C — WORK DRIVING SCHEDULE

EMPLOYER INFORMATION (W1)

(Complete additional affidavits if you have more than one job.)

Company Name _____

Address _____

City _____

State _____ Zip _____

Supervisor's Name_____

Telephone Number of your immediate Supervisor:

_____

Self Employed: ❒ Yes ❒ No

	Leave	Time	AM	PM	Arrive	Time	AM	PM	Mo	Tu	We	Th	Fr	Sa	Su
EXAMPLE	H	7:30	✔		W1	8:00	✔		✔	✔	✔	✔			
	W1	5:00		✔	H	5:30		✔	✔	✔	✔	✔			

Destination Codes
W1 = Primary Job
W2 = Second Job
W3 = Third Job
H = Home

Detailed Explanation _____

_____

EMPLOYER ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

_____ Employer 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 one year (18 Pa C.S., Section 4904[b]).

D

SCHOOL DRIVING SCHEDULE

SCHOOL INFORMATION (S1)

(Complete additional affidavits if you attend more than one school)

School Name _____

Address _____

City _____

State _____ Zip _____

Dean's Name _____

Telephone Number of your Dean:

_____

	Leave	Time	AM	PM	Arrive	Time	AM	PM	Mo	Tu	We	Th	Fr	Sa	Su
EXAMPLE	H	7:30	✔		S1	8:00	✔		✔	✔	✔	✔			
	S1	5:00		✔	H	5:30		✔	✔	✔	✔	✔			

Destination Codes
S1 = School
S2 = School other than S1
H = Home

Detailed Explanation _____

SCHOOL ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

_____ School Administrator 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 one year (18 Pa C.S., Section 4904[b]).

E

TREATMENT DRIVING SCHEDULE

MEDICAL TREATMENT INFORMATION

Provider Name _____

Address _____

City _____

State _____ Zip _____

Contact Name _____

Telephone Number of Facility:

_____

	Leave	Time	AM	PM	Arrive	Time	AM	PM	Mo	Tu	We	Th	Fr	Sa	Su
EXAMPLE	H	7:30	✔		T1	8:00	✔		✔	✔	✔	✔			
	T1	5:00		✔	H	5:30		✔	✔	✔	✔	✔			

Destination Codes
T1 = Treatment
H = Home

Detailed Explanation _____

MEDICAL PROVIDER ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

_____ Provider 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 one year (18 Pa C.S., Section 4904[b]).

ADDITIONAL EXPLANATIONS

_____

_____

_____

_____

F

ACKNOWLEDGMENT

SIGN HERE X

I certify under penalty of law that all information given on this Affidavit is true and correct.

_____ 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 one year (18 Pa C.S., Section 4904[b]).

CARRY WITH OLL