



PHOTO IDENTIFICATION CARD

APPLICATION FOR CHANGE/CORRECTION/REPLACEMENT/RENEW

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

CHECK APPLICABLE BLOCK:

- REPLACEMENT (DUPLICATE)** – Complete Sections A, B, C, and D (if applicable), E and F (if applicable). **All requests must be notarized.**
- RENEWAL, CHANGE or CORRECTION** – Complete Section A, C, and D (if applicable), E and F (if applicable). **Notarization is not required.**

A YOU MUST COMPLETE ALL PARTS OF SECTION A

LICENSE/PERMIT/ID NUMBER		LAST NAME		JR./ETC
FIRST NAME			MIDDLE NAME	
DATE OF BIRTH		TELEPHONE NUMBER (8:00A.M. - 4:30P.M.)	E-MAIL ADDRESS (if applicable)	
MONTH	DAY	YEAR		

B REASON REPLACEMENT REQUIRED: (Check One):
 LOST STOLEN NEVER RECEIVED MUTILATED CHANGE CORRECTION OTHER _____

Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities.

ORGAN DONOR DESIGNATION: ADD (Parental consent in Section D required if under 18) REMOVE

C 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 **PA** ZIP CODE

If 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.

NAME CHANGE (Please note all name changes must be done in person with original documents) REASON: MARRIAGE DIVORCE OTHER (see reverse side)

LAST	JR., ETC.	FIRST NAME	MIDDLE NAME
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OTHER CHANGES

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

CORRECTION OF DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER	
MONTH	DAY	YEAR	FEET	INCHES		

D MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18 APPLYING FOR A LEARNER'S PERMIT OR ORGAN DONOR DESIGNATION

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 I Do not give consent for applicant's request for Organ Donor designation.

(Signature of Parent, Guardian, Person in Loco Parentis, or Spouse at least 18 years of age.)

(Date)

E 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 understand that misrepresentation will result in the cancellation of my identification card.

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.)

- I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund.(see reverse)
- I wish to contribute \$3.00 to the Veterans' Trust Fund. (see reverse)

SIGN HERE

Applicant's Signature in Ink (Date)

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).

PAID BY: Check Money Order Payable to PennDOT
(PennDOT does not accept cash, credit or debit cards)

TOTAL

F NOTARY (see instructions on back)

This section must be notarized when applying for a replacement (duplicate) Pennsylvania Identification Card. You are entitled to a free replacement 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

S E A L

SIGN IN PRESENCE OF NOTARY

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.

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

- **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 E.
- Return your completed and signed application with your check or money order made payable to "PennDOT", to: **Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, PO Box 68615, Harrisburg, PA 17106-8615. **After the duplicate is issued, the original license is no longer valid.**

REPLACEMENT/RENEWAL OF PHOTO ID	APPLICATION FOR REPLACEMENT OF A CAMERA CARD OR A PRODUCT NEVER RECEIVED MUST BE NOTARIZED IN SECTION F.
REPLACEMENT OF A PHOTO ID OR PHOTO ID CAMERA CARD	FEE: \$5.00 - if photo was not taken with the original camera card. FEE: \$28.50 - if photo was taken with the original Camera Card. If photo image is on file, the Bureau will issue a Photo Identification Card.
RENEWAL OF PHOTO ID	If expiration date is on or before 6/30/17 Fee: \$29.50. If expiration date is on or after 7/1/17 Fee: \$30.50
UPDATE CARD	No Fee. (update cards are not issued if requesting a change of Organ Donor designation status)
ORGAN DONOR DESIGNATION	When you are adding or removing the Organ Donor designation, the form must be notarized and a replacement fee is required.
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 the fees above and included in your payment by check/money order. You must also check the block provided in Section E to ensure proper handling of your contribution.
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.

CHANGE/CORRECTION ONLY	NO FEE REQUIRED — The Bureau will issue an update card reflecting the change/correction which must be carried with the Pennsylvania Identification Card. Notarization is not required.
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NAME CHANGE - If you desire to use your birth name, you must present your state issued birth certificate with a raised seal. If your name 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, banking records, or baptismal certificate.

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 1-800-932-4600.

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.**

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.

Visit us at www.dmv.pa.gov or call us at 1-800-932-4600. TTY callers -- please dial 711 to reach us