



APPLICATION FOR REPLACEMENT OF A VALID WITHOUT PHOTO LICENSE WITH A PHOTO LICENSE UPON RETURN OF THE DRIVER TO PENNSYLVANIA

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

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

A DRIVER INFORMATION		Type or Print All Information		
DRIVER'S LICENSE NUMBER		LAST NAME		JR/ETC.
FIRST NAME		MIDDLE NAME		
DATE OF BIRTH		HEIGHT	EYE COLOR	TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)
Month	Day	Year	Feet	Inches
E-MAIL ADDRESS (if applicable)				

B 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.				
NEW 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 registered voter, you may contact your county voter registration office.				

C AUTHORIZATION AND CERTIFICATION - Form MUST be notarized													
<p>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 and I hereby apply for replacement of my driver's license. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form.</p> <p>_____</p> <p>APPLICANT'S SIGNATURE IN INK AS APPEARS ON FORM</p> <p>WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$1,000.</p>	<table border="1"> <tr> <td style="text-align: center;">SUBSCRIBED AND SWORN TO BEFORE ME</td> <td style="text-align: center;">MO.</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td colspan="4" style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">S E A L</td> <td colspan="3" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	SUBSCRIBED AND SWORN TO BEFORE ME	MO.	DAY	YEAR	SIGNATURE OF PERSON ADMINISTERING OATH				S E A L	SIGN IN PRESENCE OF NOTARY		
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D SPECIAL INSTRUCTIONS <i>Read Carefully</i>
<p>The most current version of this form can be found at: www.dmv.pa.gov</p> <p>ABSENTEES:</p> <p>COMPLETE THIS FORM WHEN YOU RETURN TO PENNSYLVANIA</p> <p>KEEP THIS FORM WITH YOUR IMPORTANT RECORDS. YOU MUST OBTAIN A PHOTO DRIVER'S LICENSE WITHIN FORTY-FIVE (45) DAYS AFTER YOU RETURN TO PENNSYLVANIA</p> <p>By completing and returning this form to the bureau, you will receive a Photo License Camera Card and further instructions by mail. No fee is required. Do not visit a photo center until you receive your Photo License Camera Card.</p> <p>Return your completed and signed application to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.</p> <p>The Department is required to obtain the licensee's height and eye color under the provisions of Sections 1510(a) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud.</p> <p style="text-align: center;">PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE</p> <p>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.</p> <p>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.</p>