



**APPLICATION FOR CHANGE/CORRECTION/
REPLACEMENT OF Occupational Limited License (OLL)
OR PROBATIONARY LICENSE (PL) OR PL PERMIT**

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

CHECK APPLICABLE BOX

REPLACEMENT (DUPLICATE) Complete Sections A, B, E, (D if applicable) **CHANGE OR CORRECTION** Complete Sections A, B, C, E, (D if applicable)

A	CURRENT OCCUPATIONAL LIMITED LICENSE OR PROBATIONARY LICENSE (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 a.m. - 4:30 p.m.)	
	Month	Day	Year		Month	Day	Year			
B	APPLICATION FOR REPLACEMENT (Check one)					REASON FOR REPLACEMENT (Check one)				
	<input type="checkbox"/> * REGULAR CAMERA CARD					<input type="checkbox"/> LOST				
	<input type="checkbox"/> PHOTO LICENSE					<input type="checkbox"/> STOLEN				
	<input type="checkbox"/> AUTHORIZATION LETTER					<input type="checkbox"/> *NEVER RECEIVED (No Fee - Must be Notarized)				
						<input type="checkbox"/> MUTILATED / DAMAGED				
						<input type="checkbox"/> CORRECTION / CHANGE				
						<input type="checkbox"/> EXTEND (OLL ONLY)				
	<p>Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities.</p> <p>ORGAN DONOR DESIGNATION: <input type="checkbox"/> ADD (Parental consent required if under 18 - MUST BE NOTARIZED) <input type="checkbox"/> REMOVE</p>									
	<p>THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct)</p> <p>ADDRESS CHANGE</p> <p>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.</p>									
	CITY						STATE (if not PA see below)		ZIP CODE	
<p>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</p> <p>If you are not a registered voter, you may contact your county voter registration office.</p>										
<p>Note: All vehicles you will drive must have a valid registration and insurance. Proof of Insurance must be sent for vehicles being added.</p> <p>OUT-OF-STATE ADDRESS CHANGE. Drivers license products cannot be issued 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.</p> <p>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.</p> <p>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:</p> <p><input type="checkbox"/> US Armed Forces <input type="checkbox"/> Federal Government <input type="checkbox"/> PA State Employment Relationship to person meeting exemption (check one): <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child</p>										
<p>NAME CHANGE Reason for Change: (Please note all name changes must be done in person with original documents) <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (see reverse side)</p>										
LAST NAME			JR. ETC.	FIRST NAME			MIDDLE NAME			
OTHER CHANGES: EYE COLOR				DATE OF BIRTH (must be listed)			HEIGHT			
C	OPERATING HOUR CHANGE (Please attach a letter from your employer or school justifying your request. (PL ONLY)									
	Reason for Change:					Please Change Hours To: (__:__) <input type="checkbox"/> AM <input type="checkbox"/> PM to (__:__) <input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> WORK <input type="checkbox"/> SCHOOL <input type="checkbox"/> MEDICAL									
	VEHICLE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY) (maximum of five vehicles)									
		Add	Delete	Change	Year	Make	Model	License Plate Number	State	
	1									
	2									
	3									
	VEHICLE INSURANCE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY)									
		Insurance Company Name				Policy Number			Effective Date	Expiration Date
1										
2										
3										

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 <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, <input type="checkbox"/> Person in Loco Parentis or <input type="checkbox"/> Spouse at least 18 years of age, of the applicant named herein, that the statements made herein are true and correct to the best of my knowledge and that this application is made with my full consent.														
E	<p style="text-align: center;">ACKNOWLEDGEMENT</p> <input type="checkbox"/> 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 Application is true and correct. I confirm that I have received notice of the provisions of Section 3709 of the Vehicle Code. <input type="checkbox"/> 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. <input type="checkbox"/> I wish to voluntarily contribute \$3.00 to the Organ Donation Awareness Trust Fund. If checked here, include the \$3.00 in the total fees entered in the Fee block. <input type="checkbox"/> I wish to voluntarily contribute \$3.00 tax deductible contribution to the Veterans' Trust Fund. If checked here, include the \$3.00 in the total fees entered in the Fee block. SIGN HERE _____ DATE _____ 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]).		<p>*AFFIDAVIT: This section must be notarized when applying for replacement of a Camera 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">SUBSCRIBED AND SWORN TO BEFORE ME:</th> </tr> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> <tr> <td colspan="3" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">S E A L</td> <td colspan="2" style="text-align: center;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	SUBSCRIBED AND SWORN TO BEFORE ME:			MO.	DAY	YEAR				S E A L	SIGN IN PRESENCE OF NOTARY	
SUBSCRIBED AND SWORN TO BEFORE ME:															
MO.	DAY	YEAR													
S E A L	SIGN IN PRESENCE OF NOTARY														
	PAID BY: <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)	Total \$ _____													
	CHANGE/CORRECTION/REPLACEMENT DUE TO:	FEE	ITEM(S) SENT												
F E E S	Driving Hours (PL ONLY) Vehicle Insurance Information (PL ONLY) Address Vehicle Information (PL ONLY) Employer/School Information (PL ONLY)	Free	Authorization Letter (PL ONLY)												
	Name Height Eye Color Address Date of Birth	\$30.50 \$35.50 with Motorcycle	Camera Card (Valid for 10 days) Authorization Letter (PL ONLY)												
	Add/Delete Organ Donor Designation	\$30.50 \$35.50 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)												
	Lost Camera Card (no photo taken)	\$5.00 \$10.00 with Motorcycle	Camera Card and Authorization Letter (PL ONLY)												
	Lost License (photo taken)	\$30.50 \$35.50 with Motorcycle	Camera Card (Valid for 7 days) and Authorization Letter (PL ONLY)												
	OLL License Extension / Address Change	\$30.50 \$35.50 with Motorcycle	Duplicate License												
	Lost Authorization Letter (PL ONLY)	\$5.00	Authorization Letter												
	Lost or Renew Permit (PL ONLY)	\$5.00	PL Permit												

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 D.

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.

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.

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 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 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.**

If you find your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to the address shown below. After a duplicate is issued, the original license is no longer valid.

Send a check or money order, made payable to PennDOT, for the exact amount you owe, along with the Application, Proof of Insurance(s), and any other required documentation to the address below.

Once you have completed to application, send back a check or money order made payable to PennDOT for the exact amount you owe along with the application, proof of insurance(s) and any other required documents to:

PennDOT • Bureau of Driver Licensing • OLL/PL Unit • P.O. Box 68689 • Harrisburg, PA 17106-8689

Note: The Department is required to obtain the Licensee's height and eye color under the provisions of the Pennsylvania Vehicle Code. This information will be used for identification purposes in an attempt to minimize driver license fraud.

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 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.