



APPLICATION FOR INITIAL IDENTIFICATION CARD

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

ALL SECTIONS MUST BE COMPLETED

| | | | | | |
|---|-----|--------|-------------|---|---|
| A | | | | | |
| LAST NAME | | | | | JR./ETC |
| FIRST NAME | | | MIDDLE NAME | | |
| DATE OF BIRTH | | HEIGHT | | SOCIAL SECURITY NUMBER OR DRIVER'S LICENSE NUMBER | |
| MONTH | DAY | YEAR | FEET | INCHES | SEX |
| | | | | | Telephone Number (8:00 a.m. to 4:30 p.m.) |
| EYE COLOR (please check one): <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> OTHER _____ | | | | | |
| 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 |
| | | | | PA | |
| If this is a change of address and 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 a registered voter, you may contact your county voter registration office. | |
| PA strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities <input type="checkbox"/> ADD (Parental consent required if under 18) <input type="checkbox"/> REMOVE | | | | | |

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| B | | |
| Do you hold a current/valid out-of-state driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you must surrender your out-of-state valid license. | | |
| Please provide the names and record numbers (if known) of all States where you have previously been issued a Learner Permit (LP), Driver's License (DL), or Identification Card (ID). | STATE | LP/DL/ID NUMBER |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | NAME (if different than above) |
| | | _____ |
| | | _____ |

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| C CHECK APPLICABLE BLOCK BELOW: | | FEE INFO. |
| 1. <input type="checkbox"/> I HAVE NEVER HELD A PA DRIVER'S LICENSE/PERMIT OR IDENTIFICATION CARD AND I AM APPLYING FOR AN INITIAL IDENTIFICATION CARD. (You must apply in person at any Driver License Center.) | | \$30.50 |
| 2. <input type="checkbox"/> I CURRENTLY HOLD A PA DRIVER'S LICENSE/PERMIT AND AM APPLYING FOR A NON-DRIVER IDENTIFICATION CARD FOR THE FOLLOWING REASON: | | FREE |
| <input type="checkbox"/> I am surrendering my driving privilege for health reasons that may affect my ability to safely operate a motor vehicle. I understand that my license will not be reissued until I successfully complete the appropriate examination. (If you have not already surrendered your Driver's License/ Learner's Permit, please attach it to this application.) | | |
| <input type="checkbox"/> I am voluntarily surrendering my driving privilege with the understanding that it will be retained for a minimum of six months as required by 67 Pa. Code 93.2. It is understood that I will not be permitted to apply for my driver's license, Class A through M inclusive, for a period of six months. (Attach Driver's License/ Learner's Permit.) A VOLUNTARY SURRENDER WILL NOT BE ACCEPTED TOWARD A SUSPENSION, RECALL, CANCELLATION, OR REVOCATION. | | \$30.50 |
| <input type="checkbox"/> As a result of my parent's or guardian's withdrawal of consent for me to drive a motor vehicle (Attach Driver's License/Learner's Permit.) PLEASE NOTE: A DL-100A MUST ACCOMPANY THIS APPLICATION. | | \$30.50 |
| <input type="checkbox"/> As a result of the suspension of my driver's license. License MUST be attached. If not, you MUST complete the ACKNOWLEDGEMENT: I _____ hereby acknowledge that my driving privilege is suspended/revoked/disqualified in Pennsylvania and my | | \$30.50 |
| A. <input type="checkbox"/> License issued by Pennsylvania has expired. | | |
| B. <input type="checkbox"/> License issued by Pennsylvania has been: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated When? _____ How? _____ | | |
| C. <input type="checkbox"/> License issued by Pennsylvania has been surrendered to or confiscated by the Police/Court. When? _____ What Police Department/County? _____ | | |
| D. <input type="checkbox"/> License issued by Pennsylvania has been previously surrendered to PennDOT to serve an existing period of suspension. When? _____ Why were you suspended? _____ | | |
| 3. <input type="checkbox"/> I DESIRE TO HAVE AN IDENTIFICATION CARD ALONG WITH MY CURRENT/EXPIRED PA DRIVER'S LICENSE/PERMIT. | | \$30.50 |

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| D CERTIFICATION (SIGN AND ENTER DATE OF APPLICATION) | |
| <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 identification card. | |
| 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 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. | |
| <input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse). | |
| <input type="checkbox"/> I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse). | |
| SIGN HERE _____ | DATE _____ |
| APPLICANT'S SIGNATURE IN INK | |
| 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. Section 4904 (b)). | |

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| REQUEST FOR ORGAN DONOR DESIGNATION PARENTAL CONSENT | |
| <input type="checkbox"/> I am under the age of 18 years and I hereby request Organ Donor designation on my Pennsylvania I.D. Card. Applicants 18 years of age or older will have the opportunity to request Organ Donor designation on my Pennsylvania I.D. Card. | |
| I hereby certify that I am a <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 and I: <input type="checkbox"/> Do give consent | |
| <input type="checkbox"/> Do NOT give consent for applicant's request for Organ Donor designation. | |
| SIGN HERE _____ | DATE _____ |
| SIGNATURE OF PARENT, GUARDIAN, PERSONS IN LOCO PARENTIS, OR SPOUSE AT LEAST 18 YEARS OF AGE | |

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| PAID BY: <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT does not accept cash, credit or debit cards) | TOTAL \$ _____ |
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| E DEPARTMENTAL USE ONLY | |
| RESIDENCY REQUIREMENTS (LIST TWO) 1. _____ 2. _____ | |
| VERIFICATION OF BIRTH DATE & IDENTITY <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other _____ | |
| SIGN HERE _____ | DATE _____ |
| SIGNATURE OF EXAMINER | |
| BADGE NO. _____ | EXAM CENTER _____ |

You must be at least 10 years of age or older to obtain a Pennsylvania Identification Card.

If you are under 18 years of age your parent, guardian, person in loco parentis, or spouse who is 18 years of age or older must accompany you. Proper Identification is required and if the last names are different, verification of relationship is needed.

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 the federal or state government, armed forces personnel, and immediate members of 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

SECTION C

If you check block 1, you must apply in person at a Driver License Center with the identity and residency documents listed below.

If you check block 2 or block 3, you can mail your completed and signed application.

SECTION D

Veterans Designation: You have the opportunity to add the veterans designation to your identification card, 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 ID card, make sure you check the box at the top in Section D.

NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.

If mailing your application along with your check or money order (if applicable) made payable to PennDOT, send to the: **Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

TO MEET IDENTIFICATION REQUIREMENTS You MUST Present the Following:

U.S. CITIZENS - You must bring the Original Social Security Card (card cannot be laminated) **AND ONE** of the following:

- Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico. Non-U.S. Birth Certificates will not be accepted.) **No other birth documents will be accepted.**
- Certificate of U.S. Citizenship (**USCIS Form N-560**)
- Certificate of Naturalization (**USCIS Form N-550 or N-570**)
- Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted.)

◆ **If you have an Out-of-State Driver's License, it must be presented with one of the above forms of identification.**

NOTE: If the name on your original document differs from your current name, you must provide an original Marriage Certificate, Divorce Decree, or Court Order document.

NON-U.S. CITIZENS - You must bring all of the following:

- 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:

- 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.

TO MEET RESIDENCY REQUIREMENTS You MUST Present TWO of the Following (for customers 18 years of age or older):

- Lease Agreements
- Tax Records
- Mortgage Documents
- Current Weapons Permit (for U. S. Citizens Only)
- Current Utility Bills (water, gas, electric, cable, phone, etc.)
- W-2 Form

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 address on it. The address must match that of the person with whom you reside.

Organ Donor 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.

The department is required to obtain the Licensee's Social Security number, height and eye color under the provisions of Sections 1510(a) and/or 1609(a)(4) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud. Federal law permits the use of the Social Security number by state licensing officials for purposes of identification.

Visit us at www.dmv.pa.gov or call us at 717-412-5300. TTY callers -- please dial 711 to reach us