



NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

YOU MUST APPLY IN PERSON

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION DRIVER'S LICENSE NUMBER/I.D. NUMBER:
The physical date may not be more than 6 months prior to your 16th birthday.

Form section containing personal information: LAST NAME (S), JR./ETC, FIRST NAME, MIDDLE NAME, DATE OF BIRTH, HEIGHT, SOCIAL SECURITY NUMBER, SEX, TELEPHONE NUMBER, EYE COLOR, STREET ADDRESS, CITY, STATE, ZIP CODE.

Form section for fees: CHECK DESIRED PERMIT(S), PERMIT(S) DESIRED, FEE, ENTER FEE FOR EACH ITEM CHECKED, MUST CHECK ONE, LICENSE REQUIRED, FEE, ENTER FEE FOR LICENSE CHECKED, Trust Fund Contribution(s), PAID BY, TOTAL.

Form section for questions: ALL QUESTIONS MUST BE ANSWERED (Check [X] Applicable Block) YES NO. Questions regarding license history, state application, criminal charges, and other licenses.

Form section for authorization: AUTHORIZATION AND CERTIFICATION. Includes statements for Veterans designation, Social Security Administration authorization, and a warning about misstatement of fact.

Form section for signing: SIGN HERE. Includes lines for APPLICANT'S SIGNATURE IN INK and DATE.

Form section for official use: FOR OFFICIAL USE ONLY. Divided into COMPLETED BY DRIVER LICENSE EXAMINER OR A PROVIDER (VISION SCREENING) and COMPLETED BY DRIVER LICENSE EXAMINER ONLY (EXAMINER'S DRIVER CERTIFICATION).

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN FULL BY A HEALTH CARE PROVIDER**

Please check any of the following that **would** prevent control of a motor vehicle.

- Neurological disorders     Neuropsychiatric disorders     Circulatory disorder     Cardiac disorder     Hypertension  
 Uncontrolled Epilepsy     Uncontrolled Diabetes     Cognitive Impairment     Alcohol abuse     Drug abuse  
 Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.)

Specify: \_\_\_\_\_ If seizure disorder, date of last seizure: \_\_\_\_\_

Impairment or Amputation of an appendage. If so, list: \_\_\_\_\_

Other: \_\_\_\_\_

**NOTE: Any recommendations/additional comments must accompany this certificate on a health care provider's letterhead.**

**PROVIDER INFORMATION (Please print or type)**

|                 |           |                 |          |
|-----------------|-----------|-----------------|----------|
| PROVIDER'S NAME | SPECIALTY | STATE LICENSE # |          |
| STREET ADDRESS  | CITY      | STATE           | ZIP CODE |
| TELEPHONE       | FAX       |                 |          |

I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.

Examinee's Signature (SIGN ONLY IN PRESENCE OF PROVIDER) \_\_\_\_\_

Provider's Signature \_\_\_\_\_

Physical Date \_\_\_\_\_

**TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRESENT THE FOLLOWING:**

|   |  |
|---|--|
| <b>U.S. Citizens -</b><br><b>Social Security Card</b> (must be original; card cannot be laminated) <b>AND ONE</b> of the following:<br><ul style="list-style-type: none"> <li>• Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico.) <b>No other birth documents will be accepted.</b></li> <li>• Certificate of U.S. Citizenship (<b>BCIS/INS Form N-560</b>)</li> <li>• Certificate of Naturalization (<b>BCIS/INS Form N-550 or N-570</b>)</li> <li>• Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted.)</li> </ul> <b>NOTE: If you have an Out-of-State Driver's License, you should present it along with your Social Security Card and one of the above forms.</b> | <b>Non-U.S. Citizens – You must bring ALL of the following:</b><br><ul style="list-style-type: none"> <li>• Original USCIS/immigration documents indicating current lawful immigration status</li> <li>• Valid Passport, dependent on status</li> <li>• Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated)<br/>(Please note: Documents must be original, photo copies will not be accepted.)</li> </ul> To obtain detailed information regarding "identity/residency requirements," you can:<br><ul style="list-style-type: none"> <li>• Visit <a href="http://www.dmv.pa.gov">www.dmv.pa.gov</a> and Enter Search Term "Pub-195NC," and review required documents; or</li> <li>• Contact us at 1-800-932-4600 or 1-800-228-0676 (TDD)</li> </ul> |
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All documents must show the same name and date of birth, or an association between the information on the documents. Additional documentation may be required, if a connection between documents cannot be established (e.g. Marriage Certificate, Court Order of name change, Divorce Decree, etc.)

**TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT TWO OF THE FOLLOWING (for customers 18 years of age or older):**

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

**--The proof of residency documents must have your name and official Pennsylvania street address on it.--**

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

**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 of the Authorization and Certification Section on side 1.

**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 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.

Permit Fee: Additional permit fee of \$5.00 for each permit requested.

MSEA Fee: These additional fees are required under the Pennsylvania Vehicle Code Section 7904 and will be used to support a Motorcycle Safety Education Program in the Commonwealth of Pennsylvania.

**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.