



# NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

PRINT ALL INFORMATION IN  
BLACK OR BLUE INK

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION  
The physical date may not be more than 60 days prior to your 16th birthday.

DRIVER'S LICENSE NUMBER/I.D. NUMBER: \_\_\_\_\_

LAST NAME(S)															JR., ETC.	
FIRST NAME															MIDDLE NAME	

DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER					SEX	TELEPHONE (8:00 a.m. to 4:30 p.m.)			
MONTH	DAY	YEAR	FEET	INCHES	-	-	-	-	-		(		)	

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

STREET ADDRESS					CITY (PO Box number may be used in addition to the actual address, but cannot be used as the only address)					STATE	ZIP CODE
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PERMIT(S) DESIRED	FEE	ENTER FEE FOR EACH ITEM CHECKED
<input type="checkbox"/> CLASS A (Combination Vehicle over 26,000)	\$5.00	
<input type="checkbox"/> CLASS B (Truck or Bus over 26,000)	\$5.00	
<input type="checkbox"/> CLASS C (Automobile)	\$5.00	
<input type="checkbox"/> CLASS M (Motorcycle) MSEA Fee is included (see back for information)	\$9.00	

LICENSE REQUIRED	FEE
<input type="checkbox"/> 4-Year Photo	\$24.00
<input type="checkbox"/> 2-Year Photo Age 65 & Over	\$14.00
<input type="checkbox"/> Organ Donation Awareness Trust Fund	\$1.00

PAID BY:  Check  Money Order **TOTAL** \$ \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED** (Check [✓] Applicable Blocks) YES NO

- Have you ever held or possessed a PA Driver's License/Learner's Permit/Photo Identification Card?  YES  NO
- Is your right to apply for a license or your privilege to operate a vehicle in this or any other state currently suspended or revoked?  YES  NO  
If yes, give state \_\_\_\_\_ date \_\_\_\_\_, and reason \_\_\_\_\_
- Have you been arrested or cited in this state or any other state for any violation which carries a possible penalty of suspension or revocation of your driver's license or driving privilege?  YES  NO  
If yes, give state \_\_\_\_\_ date \_\_\_\_\_, and reason \_\_\_\_\_

### AUTHORIZATION AND CERTIFICATION

I certify under penalty of law that this information contained herein 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. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See back for provisions)

**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.S. Section 4904[b]).

- I am under the age of 18 years and I hereby request Organ Donor designation on my PA Driver's License. Parent must check consent block on the Parent/Guardian Consent Form (DL-180TD). (Applicants 18 years of age or older will have the opportunity to request Organ Donor designation at the Photo Center at the time they have their photo taken.)
- I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund.

X \_\_\_\_\_ (APPLICANT'S SIGNATURE IN INK) \_\_\_\_\_ (DATE)

### FOR PENNDOT USE ONLY

Exam Center: _____	Date: _____	MEDICAL RESTRICTIONS: _____
Signature of Examiner: _____	Badge No.: _____	<input type="checkbox"/> QUALIFIED YES <input type="checkbox"/> UNABLE TO DETERMINE MEDICAL QUALIFICATIONS

VERIFICATION OF BIRTH DATE AND IDENTITY:  BIRTH CERTIFICATE  OTHER \_\_\_\_\_

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

**Physician's Report of Examination**

(Check [✓] Applicable Block)

YES

NO

1. Neurological disorders such as to prevent reasonable control of a motor vehicle?  YES  NO
2. Any Cardiac or Circulatory disorder including Hypertension such as to prevent reasonable control of a motor vehicle?  YES  NO
3. Neuropsychiatric disorders such as to prevent reasonable control of a motor vehicle?  YES  NO
4. Conditions causing repeated lapses of consciousness, e.g. epilepsy, narcolepsy, hysteria, etc.?  YES  NO  
If yes, specify: \_\_\_\_\_ If seizure disorder, date of last seizure \_\_\_\_\_
5. Alcoholism?  YES  NO
6. Narcotic Addiction?  YES  NO
7. Uncontrolled Diabetes?  YES  NO
8. Uncontrolled Epilepsy?  YES  NO
9. Immobility or Amputation of an Appendage?  YES  NO  
If so, list: \_\_\_\_\_
10. Does this person have any other condition that would prevent control of a motor vehicle?  YES  NO  
If yes, list: \_\_\_\_\_

**NOTE: Any recommendations/additional comments must accompany this certificate on physician letterhead enclosure**

PHYSICIAN INFORMATION (Please print or type) CHECK ONE:  M.D.  D.O.  C.R.N.P.  P.A.  O.S.

NAME	STATE LICENSE NUMBER	TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHYSICIAN'S SIGNATURE	PHYSICAL DATE	EXAMINEE'S SIGNATURE (SIGN ONLY IN PRESENCE OF PHYSICIAN)	

**YOU MUST BRING YOUR SOCIAL SECURITY CARD ALONG WITH ONE OF THE FOLLOWING:**

**ACCEPTABLE FORMS OF IDENTIFICATION (Must Contain Date of Birth)**

- Birth Certificate, Certification of Birth (State issued with raised seal)
- Certificate of Naturalization (INS Form N-550 or N-570)
- Certificate of United States Citizenship (INS Form N-560)
- Non-resident Out-of-State Driver's License
- Pennsylvania Photographic ID Card
- Registration Receipt Cards (INS Form I-151 or I-1551)
- Valid U.S. Passport
- Valid Foreign Passport (accompanied by an I-94)
- Pennsylvania Photographic Driver's License
- Military Photo ID Card
- Marriage Record (must contain your date of birth)
- Pennsylvania Learner's Permit (valid or expired)

**FEES: REQUIRED ITEMS AND FEE INFORMATION - CASH CAN NOT BE ACCEPTED**

TYPE OF PERMIT/LICENSE	TOTAL	LICENSE FEE	PERMIT FEE	MSEA FEE	PHOTO FEE
Initial Permit & 4-Year License	\$29.00	\$20.00	\$5.00	---	\$4.00
Initial Class M Permit & 4 Year License	\$33.00	\$20.00	\$5.00	\$4.00	\$4.00
Initial Permit & 2 Year License (age 65+)	\$19.00	\$10.00	\$5.00	---	\$4.00
Initial Class M Permit & 2 Year License (age 65+)	\$23.00	\$10.00	\$5.00	\$4.00	\$4.00

**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 fee above and included in your payment by check/money order.

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.