

**SERVICE PERSON REQUEST FOR NON-COMMERCIAL
PENNSYLVANIA DRIVER'S LICENSE**
PENNSYLVANIA RESIDENTS ONLY



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

ARE YOU A CURRENT PENNSYLVANIA RESIDENT?

- YES - CONTINUE COMPLETING FORM
 NO - DO NOT COMPLETE FORM. YOU ARE NOT ELIGIBLE.

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION.

A APPLICANT INFORMATION (applicant MUST attach a copy of their Military ID Card, and the memorandum of authorization.)											
PA LICENSE NUMBER (if applicable)			LAST NAME					JR/ETC			
FIRST NAME					MIDDLE NAME						
DATE OF BIRTH		HEIGHT		SOCIAL SECURITY NUMBER				PA LICENSE EXPIRES			
Month	Day	Year	Feet	Inches					Month	Day	Year
E-MAIL ADDRESS						TELEPHONE NUMBER (8:00 A.M. -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 _____											
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				
B MAILING ADDRESS (Complete if different than address in Section A)											
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			
C DRIVER QUALIFICATION REPORT (Authorized Military Personnel MUST Complete)											
<p>Authorized Military Personnel MUST complete Section C. Also, a memorandum, on military letterhead, from the Provost Marshall, Company Commander, Department Head, or OIC MUST be attached to certify that the Examiner is authorized to administer skills testing. (Attach test result)</p> <p>THE ABOVE APPLICANT, 16 YEARS OF AGE OR OLDER, HAS PASSED EXAMINATION(S) DEMONSTRATING QUALIFICATION FOR:</p> <p><input type="checkbox"/> CLASS C - A non-commercial license to operate a single non-commercial vehicle not over 26,000 lbs. registered gross weight (such as a passenger car, station wagon, or small truck) or any such vehicle towing a trailer not over 10,000 lbs. gross vehicle weight rating.</p> <p><input type="checkbox"/> CLASS M - A license to operate a motorcycle equipped with two wheels only.</p> <p><input type="checkbox"/> CLASS M with 8 Restriction - A restricted motorcycle license, limited to operating a motor-driven cycle (not more than 5 brake horsepower).</p> <p><input type="checkbox"/> CLASS M with 9 Restriction - A restricted motorcycle license, limited to only operating a 3-Wheeled motorcycle.</p>											
I the EXAMINER, certify that the above named applicant has appeared before me and, to the best of my knowledge, has completed this application truthfully and accurately.											
SIGNATURE OF THE EXAMINER					TITLE		DATE	EXAM LOCATION			
SIGN HERE											

D PHYSICAL EXAMINATION CERTIFICATION TO BE COMPLETED BY MEDICAL OFFICER

<p>THIS IS TO CERTIFY THE EXAMINEE HAS:</p> <p style="text-align: center;">✓ Check One: YES NO</p> <p>20/40 vision or less in better eye with correction. . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Report of Eye Exam Attached. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Qualified. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>PHYSICAL EXAMINATION OF THE APPLICANT DISCLOSES THE FOLLOWING:</p> <p>Please check any of the following that <u>would</u> prevent reasonable control of a motor vehicle:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Neurological disorders</td> <td><input type="checkbox"/> Neuropsychiatric disorders</td> </tr> <tr> <td><input type="checkbox"/> Circulatory disorder</td> <td><input type="checkbox"/> Cardiac disorder</td> </tr> <tr> <td><input type="checkbox"/> Hypertension</td> <td><input type="checkbox"/> Uncontrolled Epilepsy</td> </tr> <tr> <td><input type="checkbox"/> Uncontrolled Diabetes</td> <td><input type="checkbox"/> Cognitive Impairment</td> </tr> <tr> <td><input type="checkbox"/> Alcohol abuse</td> <td><input type="checkbox"/> Drug abuse</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.)</td> </tr> </table> <p>Specify: _____</p> <p>If seizure disorder, date of last seizure: _____</p> <p><input type="checkbox"/> Impairment or Amputation of an appendage</p> <p>If so, list: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>NOTE: Any recommendations/additional comments must accompany this certificate on physician letterhead enclosure.</p>	<input type="checkbox"/> Neurological disorders	<input type="checkbox"/> Neuropsychiatric disorders	<input type="checkbox"/> Circulatory disorder	<input type="checkbox"/> Cardiac disorder	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Uncontrolled Epilepsy	<input type="checkbox"/> Uncontrolled Diabetes	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.)										
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<p>COMPLETE ALL ITEMS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Uncorrected</td> <td style="width:50%;">Right Eye</td> <td style="width:25%;">Corrected</td> </tr> <tr> <td>20/</td> <td></td> <td>20/</td> </tr> <tr> <td>20/</td> <td>Left Eye</td> <td>20/</td> </tr> <tr> <td>20/</td> <td>Both Eyes</td> <td>20/</td> </tr> <tr> <td>R</td> <td>L</td> <td>Fields</td> </tr> <tr> <td></td> <td></td> <td>R</td> </tr> <tr> <td></td> <td></td> <td>L</td> </tr> </table>		Uncorrected	Right Eye	Corrected	20/		20/	20/	Left Eye	20/	20/	Both Eyes	20/	R	L	Fields			R			L
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		R																				
		L																				
<p>Must wear corrective lenses <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other restrictions _____</p>																						
<p>SIGNATURE OF THE EXAMINEE (<i>sign ONLY in presence of Physician</i>)</p> <p>SIGN HERE</p>																						

PHYSICIAN INFORMATION (please print or type) Check One: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.R.P.N. <input type="checkbox"/> P.A. <input type="checkbox"/> D.C.		TELEPHONE NUMBER:	
NAME		STATE LICENSE NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE
PHYSICIAN'S SIGNATURE SIGN HERE		PHYSICAL DATE	

E CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE
Complete if Applicant is Less Than 18 Years of Age

I HEREBY CERTIFY THAT I AM A PENNSYLVANIA RESIDENT AND THE: Parent Guardian Person in Loco Parentis or 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.

SIGN HERE

(Signature of parent, guardian, person in loco parentis or spouse at least 18 years of age.)

F AUTHORIZATION AND CERTIFICATION

I certify under penalty of law that the information contained herein is true and correct. If using a Messenger Service, 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. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See page 3 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]).

SIGN HERE

(Applicant's signature in ink) _____
(Date)

G REQUEST FOR EXEMPTION FROM PHOTO

ABSENTEE EXEMPTION

During the next 60 days I will be absent from PA for the following reasons: Military School Work Travel

Within 45 days of my return, I will apply for a driver's license containing my photo.

SIGN HERE

(Applicant's signature in ink)

ATTACH TEST RESULTS

THIS FORM IS NOT VALID FOR COMMERCIAL DRIVER TESTS

- REQUEST FOR ORIGINAL ISSUANCE OF A PENNSYLVANIA NON-COMMERCIAL DRIVER'S LICENSE BY A PENNSYLVANIA RESIDENT**
FEE: \$29.50 (If Class M - FEE \$49.50). Complete Sections A, B, C, D, E if applicable, F and G. To obtain a non-commercial driver's license, you must complete the application, and must already have a PA learner's permit or PA non driver's Photo ID already established in Pennsylvania. You may be required to provide a copy of your birth certificate, if you are a dependent of an eligible service person.
- REQUEST TO ADD CLASS M ENDORSEMENT TO CURRENT PA NON-COMMERCIAL LICENSE**
FEE: \$10.00. Complete Sections A, B, C, D, E if applicable, F and G. If you hold a valid PA non-commercial driver's license and desire to have it endorsed, you must pass an examination demonstrating your ability to operate such vehicle. If you are stationed outside the Commonwealth, a special examination may be conducted by a representative of the provost marshal's office, motor pool or safety personnel on your base. The results of such an examination should be recorded on the reverse side of this letter. (An update card will be issued).
- REQUEST FOR RENEWAL OF PA NON-COMMERCIAL DRIVER'S LICENSE WITH A REQUEST TO ADD CLASS M ENDORSEMENT**
FEE: \$49.50. Complete Sections A, B, D, E if applicable, F and G. If you are a service person who is renewing a PA non-commercial driver's license and you desire your renewed license to be endorsed with a Class M, the results of the special examination must be recorded by the examiner on the reverse side of this letter.
- REQUEST FOR REPLACEMENT PA PHOTO LICENSE WITH A REQUEST TO ADD CLASS M ENDORSEMENT**
FEE: \$18.50. Complete Sections A, B, C, D, E if applicable, F and G.

- ◆ **Return your completed and signed application, a copy of your Military Photo ID Card, the memorandum of authorization, and your check or money order payable to "PennDOT" to:**

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

Examiner Guidelines

Grounds for immediate failure are:

Class Non-Commercial A, B, or C - Unable to start vehicle, striking or jumping curb or markers, unable to turnabout or park successfully in 3 backups, serious traffic offenses (such as a passed through stop sign, passed through red light, failed to yield right of way, driving in opposite lane continuously, improper passing, failed to obey road signs, speeding, failure to wear seat belt, or restriction violation), accident/crash, lack of cooperation, or if examinee commits any other citable traffic violation.

Class M - Not wearing protective headgear and protective eye device, unable to start engine, a wheelie, striking curbs or markers, serious traffic offenses (such as a passed through stop sign, passed through red light, failed to yield right of way, driving in opposite lane continuously, improper passing, failed to obey road signs, speeding, restriction violation), accident/spill, lack of cooperation, or if examinee commits any other citable traffic violation.

- ◆ ***In addition to the grounds listed above, the examinee may be failed if, in the opinion of the examiner, any 2 or more of the following faults are found to be present.***

ALL EXAMINATIONS

Knowledge of vehicle controls (operate headlights, turn signals, horn, etc.), improper turns, crosses center line momentarily, following too closely, stopping in crosswalk, speed control according to conditions (too fast for conditions, slides or skids), poor judgment in traffic, failed to observe traffic (head check, failure to use mirrors, etc.), improper steering (one hand driving, jerky motion, etc.), or improper signals or fails to signal.

Class M - Foot touches ground while performing maneuvers, difficulty shifting (improper clutch/throttle control).

- ◆ ***In addition to the grounds listed above, the examinee may be failed if, in the opinion of the examiner, any 4 or more of the following faults are found to be present.***

ALL EXAMINATIONS

Speed too slow (applicant overcautious), starting and smooth driving (does not release parking brake before attempting to move, spins wheels, stalls engine, jerky or unsmooth driving, difficulty shifting, etc.), improper braking (proper foot position on pedal, sudden or hard braking, etc.).

Change your address or renew your driver's license online at www.dmv.state.pa.us

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.

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.

SOCIAL SECURITY INFORMATION

The Department is required to obtain the licensee's Social Security Number, height, and eye color under the provisions of Section 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.