

# PHOTO IDENTIFICATION CARD

## APPLICATION FOR CHANGE/CORRECTION/REPLACEMENT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION


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

CHECK APPLICABLE BLOCK:

- REPLACEMENT (DUPLICATE)** – Complete Sections A, B, C (if applicable), D and E (if applicable). **All requests must be notarized.**
- RENEWAL, CHANGE or CORRECTION** – Complete Section A, C (if applicable), D and E (if applicable). **Notarization is not required.**

### A YOU MUST COMPLETE ALL PARTS OF SECTION A

DRIVER'S LICENSE NUMBER		LAST NAME		JR./ETC
FIRST NAME			MIDDLE NAME	
DATE OF BIRTH		TELEPHONE NUMBER (8:00A.M. - 4:30P.M.)	E-MAIL ADDRESS (if applicable)	
MONTH	DAY	YEAR		

<b>B</b> REASON REPLACEMENT REQUIRED: (Check One): <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED <input type="checkbox"/> EXTREME PHYSIOLOGICAL CHANGES IN APPEARANCE <input type="checkbox"/> MUTILATED <input type="checkbox"/> CHANGE <input type="checkbox"/> CORRECTION	<b>ORGAN DONOR DESIGNATION</b> <input type="checkbox"/> ADD (Parental consent in Section E required if under 18) <input type="checkbox"/> REMOVE
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### C CHANGE OR CORRECTION ONLY (Important information on reverse side)

**ADDRESS CHANGE** - A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. See reverse if using an out-of-state address.

NEW STREET ADDRESS	CITY		STATE	ZIP CODE
			PA	

 If you are a registered voter in PA, would you like us to notify your county voter registration office of this change?  YES  NO  
 If you are not a registered voter, you may contact your county voter registration office.

<b>NAME CHANGE</b> REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)
LAST    JR., ETC.    FIRST NAME    MIDDLE NAME

#### OTHER CHANGES

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
CORRECTION OF DATE OF BIRTH    HEIGHT    SOCIAL SECURITY NUMBER
MONTH    DAY    YEAR    FEET    INCHES

### D AUTHORIZATION AND CERTIFICATION (SIGN AND ENTER FEE)

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.

<b>FEE PAID</b> Send Check In This Amount	
(fee information on back)	

- I am under the age of 18 years and I hereby request organ donor designation on my Pennsylvania I.D. card. Parental consent in Section E is required. **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 (see reverse). If checked here, include the additional \$1.00 in the amount entered in the Fee Paid block above.

**WARNING:** Misstatement of fact is a misdemeanor of the third degree punishable 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)

### 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 to give consent for Applicant's request for Organ Donor designation.

 I hereby certify that I am a  Parent,  Guardian,  Person in Loco Parentis, or  Spouse at least 18 years of age, and I  Do give consent     Do not give consent for applicant's request for Organ Donor designation.

SUBSCRIBED AND			
SWORN TO BEFORE ME	MO.	DAY	YEAR
SIGNATURE OF PERSON ADMINISTERING OATH			

(Signature of Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age-In Ink)

(Date)

S  
E  
A  
L

SIGN IN PRESENCE OF NOTARY

**AFFIDAVIT:** This section must be notarized when applying for a replacement (duplicate) Pennsylvania Identification 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.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

## APPLICATION INFORMATION

- **Return your completed and signed application with check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

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 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.

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

- 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. The Social Security Number is not part of your public driver's record. Federal law permits the use of the Social Security Number by state licensing officials for purposes of identification.

<b>REPLACEMENT OF PHOTO ID OR PHOTO ID CAMERA CARD</b>	Fee: \$5.00 if photo was not taken with the original Camera Card. Fee: \$13.50 if photo was taken with the original Camera Card. If photo image is on file, the Bureau will issue a Photo Identification Card. <b>(Application for replacement must be notarized)</b>
<b>RENEWAL OF PHOTO ID</b>	Fee: \$13.50 for 4 years, current Photo ID must be within six months of expiring in order to renew early. If contributing to the Organ Donation Awareness Trust Fund, see information below.
<b><u>CHANGE/CORRECTION</u></b>	<p><b>NO FEE REQUIRED</b> – The Bureau will issue an update card reflecting the change/correction which must be carried with the Pennsylvania Identification Card. Notarization is not required.</p> <p><b>Name Change</b> - If your name changed by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of your Social Security Card (or records), together with copies of documents from 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, or state issued Birth Certificate.</p> <p>IF YEAR OF BIRTH on photo identification is incorrect, attach official birth certificate.</p> <p>IF Social Security Number is incorrect, attach copy of Social Security Card.</p>
<b>ORGAN DONOR DESIGNATION</b>	When you are requesting or deleting the Organ Donor designation when replacing your ID or Photo ID Camera Card, the form must be notarized and a replacement (duplicate) fee is required.
<b>ORGAN DONATION AWARENESS TRUST FUND (ODTF)</b>	You have the opportunity to make a \$1.00 contribution to the fund. The additional \$1.00 contribution must be added to the required ID fee and included in your payment by check/money order. You must also check the block provided Section D to ensure proper handling of your contribution.

**Change your address or renew your driver's license online at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

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.