

APPLICATION FOR INITIAL PHOTO IDENTIFICATION CARD

Please follow the instructions on the back.



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

A PA DRIVER'S LICENSE NUMBER/ID NUMBER:

LAST NAME												JR./ETC	
FIRST NAME												MIDDLE NAME	
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER						SEX	Telephone Number (8:00 a.m. to 4:30 p.m.)	
MONTH	DAY	YEAR	FEET	INCHES			-			-			
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 ADDRESS - A post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.													
STREET ADDRESS													
CITY										STATE	PA	ZIP CODE	

B CHECK APPLICABLE BLOCK BELOW: FEE INFO.

1. <input type="checkbox"/> I HAVE NEVER HELD A PENNSYLVANIA DRIVER'S LICENSE OR IDENTIFICATION CARD AND I AM APPLYING FOR AN INITIAL PHOTO IDENTIFICATION CARD. (You must apply in person at any Driver License Center.)	\$12.00
2. <input type="checkbox"/> I CURRENTLY HOLD A PENNSYLVANIA DRIVER'S LICENSE AND AM APPLYING FOR A NON-DRIVER PHOTO IDENTIFICATION CARD FOR THE FOLLOWING REASON: <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. (Attach Driver's License/ Learner's Permit)	FREE
<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 AS CREDIT TOWARD A SUSPENSION, RECALL, CANCELLATION, OR REVOCATION.	\$12.00
<input type="checkbox"/> As a result of my parent's or guardian's withdrawal of consent for me to drive a motor vehicle. PLEASE NOTE: A DL-100A MUST ACCOMPANY THIS APPLICATION.	\$12.00
<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 _____ (PRINT NAME)	\$12.00
<input type="checkbox"/> I hereby acknowledge that my driving privilege is suspended/revoked/disqualified in Pennsylvania 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? _____	\$12.00
3. <input type="checkbox"/> I DESIRE TO HOLD A PHOTO IDENTIFICATION CARD ALONG WITH MY PENNSYLVANIA DRIVER'S LICENSE.	\$12.00

C CERTIFICATION (SIGN AND ENTER DATE OF APPLICATION) REQUEST FOR ORGAN DONOR DESIGNATION/PARENTAL CONSENT

I certify under penalty of law that the information contained herein is true and correct. 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 and have added the \$1.00 to the fees above and included it in my payment by check or money order. SIGN HERE _____ <small>APPLICANT'S SIGNATURE IN INK DATE</small> <small>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)).</small>	<input type="checkbox"/> I am under the age of 18 years and I hereby request Organ Donor designation on my Pennsylvania Photo I.D. Card. Applicants 18 years of age or older will have the opportunity to request Organ Donor designation at the Photo Driver's License Center at the time they have their photo taken. 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 _____ <small>SIGNATURE OF PARENT, GUARDIAN, PERSONS IN LOCO PARENTIS, OR SPOUSE AT LEAST 18 YEARS OF AGE DATE</small>
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RESIDENCY REQUIREMENTS (PLEASE CHECK TWO) <input type="checkbox"/> Mortgage Documents <input type="checkbox"/> Lease Agreements <input type="checkbox"/> W-2 Form <input type="checkbox"/> Tax Records <input type="checkbox"/> Current Weapons Permit <input type="checkbox"/> Other _____ <input type="checkbox"/> Current Utility Bills (<input type="checkbox"/> water, <input type="checkbox"/> gas, <input type="checkbox"/> electric, <input type="checkbox"/> cable) *Cellular/mobile or pager bills are not acceptable	VERIFICATION OF BIRTH DATE AND IDENTITY <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____
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SIGN HERE _____	DATE	BADGE NO.	EXAM CENTER
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The most current version of this form can be found at: www.dmv.state.pa.us

APPLICANT INFORMATION

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

SECTIONS A, B & C MUST BE COMPLETED IN THEIR ENTIRETY. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION.

If you checked Block 1 in Section B, you must apply in person at a Driver License Center with the identity and residency documents listed below. 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. **PLEASE NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.**

If you checked Block 2 in Section B, you can mail your completed and signed application, along with your check or money order payable to "PennDOT", 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

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.**)
- Certificate of U.S. Citizenship (**BCIS/INS Form N-560**)
- Certificate of Naturalization (**BCIS/INS Form N-550 or N-570**)
- Valid U.S. Passport

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

NOTE: ONLY VALID PASSPORTS AND ORIGINAL DOCUMENTS WILL BE ACCEPTED. 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

- Social Security Card, or letter from SSA indicating that SSA did not make a decision yet, or SSA rejection letter
- Valid Passport
- All original (BCIS/INS) documents
- Written verification of attendance from school (**Student Status Only**)
- Written verification from employer (**Employment Status Only**)

To obtain detailed information regarding "identity/residency requirements", you can:

- Visit www.dmv.state.pa.us
- Call us at 1-800-932-4600 or 1-800-228-0676 (TDD), Monday through Friday from 8:00 a.m. to 6:00 p.m.

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

- | | | |
|---|----------------------|--------------------------|
| • Lease Agreements | • Mortgage Documents | • Current Weapons Permit |
| • Current Utility Bills (water, gas, electric, cable, etc.) | • W-2 Form | • Tax Records |
- *Cellular/mobile or pager bills are not acceptable

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 the \$12.00 fee and included in your payment by check or money order.

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.