



COMMERCIAL DRIVER'S LICENSE APPLICATION TO REPLACE/CORRECT

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION. PLEASE READ IMPORTANT INFORMATION ON THE BACK.
YOU MUST COMPLETE ALL PARTS OF SECTION A**

A

Driver's License Number										LAST NAME										JR/ETC.	
FIRST NAME												MIDDLE NAME									
Date of Birth			Age		Height		Social Security Number						Sex		Telephone Number (8:00 TO 4:30)						
Month	Day	Year	Feet	Inches			-			-					()					
EYE COLOR (please check one):										BLUE	BROWN	GREEN	HAZEL	PINK	BLACK	GRAY	DICHROMATIC	OTHER _____			
STREET ADDRESS																					
CITY (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address)												STATE		ZIP CODE							

B APPLICATION FOR REPLACEMENT (Check One)

<input type="checkbox"/> CDL Learner's Permit * <input type="checkbox"/> "PHOTO EXEMPT" CDL Camera Card <input type="checkbox"/> CDL Camera Card * <input type="checkbox"/> "PHOTO EXEMPT" CDL Photo License <input type="checkbox"/> CDL Photo License <input type="checkbox"/> School Bus Driver Endorsement Card * STATEMENT ON REVERSE MUST BE COMPLETED AND SIGNED	REPLACEMENT REQUIRED DUE TO: Reason - (check one): <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Never Received <input type="checkbox"/> Correction	ORGAN DONOR DESIGNATION <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
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C NEW OR CORRECT DATA - Complete only those blocks in this section which you desire to change or correct.

This Area For CHANGE or CORRECTION ONLY	ADDRESS CHANGE - (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address)															
	NEW STREET ADDRESS										CITY			STATE		ZIP CODE
	<input type="checkbox"/> By law, if you are registered to vote, this application will also change your voter registration address unless you check here.															
	NAME CHANGE															
	LAST										JR., ETC.		FIRST NAME			MIDDLE NAME
	Reason For Change of Name: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)												SEX			
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER						SEX		EYE COLOR			
Month	Day	Year	Feet	Inches			-			-						

D No person may hold more than one valid license at any time. Out-of-state license must be attached to this form or surrendered to the Driver License Examination Center.

ALL MUST BE ANSWERED	1. <input type="checkbox"/> YES <input type="checkbox"/> NO - Do you hold a valid driver's license issued by any other state? If yes, give: State _____ Expiration Date _____ Driver's License No. _____ Applicant's _____ driver's license has been surrendered to the Driver License Examination Center at _____ on _____ X _____ (DLE'S SIGNATURE) _____ (DLE NUMBER)
	2. <input type="checkbox"/> YES <input type="checkbox"/> NO - Is your driver's license or driving privilege suspended or revoked in this state or any other state?
	3. <input type="checkbox"/> YES <input type="checkbox"/> NO - 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? If yes, give state _____ Date _____ and Reason _____

E AUTHORIZATION AND CERTIFICATION

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. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.)

I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).

FEE PAID Send Check In This Amount SEE REVERSE FOR FEES

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)).

X _____ (APPLICANT'S SIGNATURE IN INK)

AFFIDAVIT: This section must be notarized when applying for replacement (duplicate) Commercial License or Camera 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.

SUBSCRIBED AND SWORN TO BEFORE ME:			
MO.	DAY	YEAR	

Signature of Person Administering Oath

S E A L	SIGN IN PRESENCE OF NOTARY

REQUEST FOR EXEMPTION FROM PHOTO DUE TO RELIGIOUS REASONS

Sign both Section "E" and the statement below. PennDOT will send you a camera card and further instructions.

I _____ am requesting a photo exemption for religious reasons because

(Applicant's Name)

I accept the _____

(Name of Religious Group)

which forbids the taking of photographs.

X _____

Signature Here

Religious Exemptions: If requesting a religious exemption, a letter must accompany this application that includes:

- A. The request for the exemption;
- B. The name of the religious group to which the applicant is affiliated;
- C. A statement that the religion's belief forbids the taking of photographs; and,
- D. The applicant's signature

APPLICANT INFORMATION

- Return your completed and signed application with your check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.
- If your license is due to expire within six (6) months, **DO NOT** use this form. Complete form DL-143CD (*Renewal of a Commercial Driver License*).
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, PO Box 68615, Harrisburg, PA 17106-8615. After the duplicate is issued, the original license is no longer valid.
- 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.

REPLACEMENT CHANGE/CORRECTION OF COMMERCIAL:	Application MUST BE NOTARIZED in Section E. Address changes require the issuance of a duplicate.
LEARNER'S PERMIT	FEE \$5.00 per permit privilege to upgrade qualifications, add endorsements, or remove commercial restrictions.
SCHOOL BUS ENDORSEMENT	NO FEE
PHOTO OR PHOTO-EXEMPT COMMERCIAL DRIVER'S LICENSE	*FEE: \$9.00 Photo - The Bureau will issue one of the following: <ul style="list-style-type: none"> • A camera card, which is a temporary Commercial Driver's License for 60 days, for the purpose of having a photo-image taken at a Photo Driver's License Center (<i>Photo image was placed on file at the time of your renewal beginning January 1, 1995</i>) • A Commercial Driver's License, complete with the applicants most recent photo-image • A photo exempt camera card with instructions to sign and return it to the Bureau for processing <i>* If license is endorsed with Class M, the fee is \$11.00.</i>
PHOTO OR "PHOTO EXEMPT" COMMERCIAL CAMERA CARD	* FEE: \$5.00 if photo was not taken with the original camera card. <i>* If license is endorsed with a Class M, the fee is \$7.00.</i>
ORGAN DONATION DESIGNATION	When you are adding or removing the Organ Donor designation, the form must be notarized and a duplicate fee is required. Refer to fees above.
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 fees above and included in your payment by check/money order. You must also check the block provided in Section E to ensure proper handling of your contribution.

CHANGE/CORRECTION ONLY

IF NAME IS 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 a 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 baptismal certificate.

IF YEAR OF BIRTH on commercial driver's license is incorrect, attach official birth certificate.

IF CDL designation is dropped voluntarily (section 1504), a CDL designation in the future will require completion of all required written and skills tests.

IF CDL is disqualified (section 1617), a CDL can be issued at the end of Disqualification with payment of all required fees.

IF Social Security Number is incorrect, attach a copy of Social Security Card.

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.

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.