# APPLICATION FOR INITIAL IDENTIFICATION CARD Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17106-8272

|     | ALL SECTIONS MUST BE COMPLETED  |                  |                                       |                      |  |                                   |  |
|-----|---|------------------|---------------------------------------|----------------------|--|-----------------------------------|--|
| Α   | AST NAME JR./ETC  |                  |                                       |                      |  |                                   |  |
|     |   |                  |                                       |                      |  |                                   |  |
| ļ   |   |                  |                                       |                      |  |                                   |  |
| ŀ   | ST NAME MIDDLE NAME   |                  |                                       |                      |  |                                   |  |
|     |   |                  |                                       |                      |  |                                   |  |
| ŀ   | DATE OF BIRTH HEIGHT SOCIAL SECURITY NUMBER OR DRIVER'S   | S LICENSE NUM    | BER                                   | SEX                  | Telephone Number (8:00 a                     | a.m. to 4:30 p.m.)                |  |
|     | MONTH DAY YEAR FEET INCHES  |                  |                                       |                      |  | ,                                 |  |
|     |   |                  |                                       |                      |  |                                   |  |
| - 1 |   |                  |                                       |                      |  |                                   |  |
|     | EYE COLOR (please check one): BLUE BROWN GREEN HAZEL PINK   | BLACK GR         | AY DICHROMA                           | ric                  | OTHER  |                                   |  |
| - 1 | CURRENT 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.  |                  |                                       |                      |  |                                   |  |
|     |   |                  | T                                     |                      | T== 0005                                     |                                   |  |
|     | CITY STATE DA ZIP CODE  |                  |                                       |                      |  |                                   |  |
| ŀ   | If this is a shange of address and you are a registered votor in DA would   |                  |                                       |                      |  |                                   |  |
|     | If this is a change of address and you are a registered voter in PA, would you like us to notify your county voter registration office of this change?  |                  |                                       |                      |  |                                   |  |
|     |   |                  |                                       |                      |  |                                   |  |
| ŀ   | 7   |                  |                                       |                      |  |                                   |  |
|     | Pennsylvania strongly supports organ and tissue donation because of its life-saving  ADD (Parental consent required if under 18)  REMOVE  | and ine-enr      | iancing opportu                       | mues.                |  |                                   |  |
| В   | CHECK APPLICABLE BLOCK BELOW:   |                  |                                       |                      |  | FEE INFO.                         |  |
| 4   |   | ATION CAD        | D 4ND 1 444 45                        | אויא וחו             | IC EOD AN                                    |                                   |  |
|     | 1. I HAVE NEVER HELD A PA DRIVER'S LICENSE/PERMIT OR IDENTIFICATION CARD. (You must apply in person at any Dri  |                  |                                       | LLLI                 | IG FOR AN                                    | \$29.50                           |  |
| ı   | 2. I CURRENTLY HOLD A PA DRIVER'S LICENSE/PERMIT AND AM APPLYING FOR A NON-DRIVER IDENTIFICATION  |                  |                                       |                      |  |                                   |  |
|     | CARD FOR THE FOLLOWING REASON:  | ING I ON A       | NON-DRIVER II                         | DLINII               | ITICATION                                    |                                   |  |
|     | I am surrendering my driving privilege for health reasons that may af   | fect my abili    | ty to safely ope                      | erate a              | motor vehicle.                               | FREE                              |  |
|     | I understand that my license will not be reissued until I successfully con  |                  |                                       |                      | . (If you have not                           |                                   |  |
|     | already surrendered your Driver's License/ Learner's Permit, please attach it to this application.)   |                  |                                       |                      |  |                                   |  |
|     | 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 Drive  |                  |                                       |                      |  | \$29.50                           |  |
|     | SURRENDER WILL NOT BE ACCEPTED AS CREDIT TOWARD A SUSPEN  |                  |                                       |                      |  | Ψ23.30                            |  |
|     | As a result of my parent's or guardian's withdrawal of consent for me to drive a motor vehicle (Attach Driver's Licens Learner's Permit.) PLEASE NOTE: A DL-100A MUST ACCOMPANY THIS APPLICATION.   |                  |                                       |                      |  |                                   |  |
|     |   |                  |                                       |                      |  | \$29.50                           |  |
|     | As a result of the suspension of my driver's license. License MUST be attached. If not, you MUST complete the   |                  |                                       |                      |  |                                   |  |
|     | ACKNOWLEDGEMENT: I  | INT NAME)        |                                       |                      |  |                                   |  |
|     | hereby acknowledge that my driving privilege is suspended/revoked   | disqualified/    | l in Pennsylvani                      | a and                | my   |                                   |  |
|     | A. License issued by Pennsylvania has expired.  |                  |                                       |                      |  |                                   |  |
|     | B. License issued by Pennsylvania has been: Lost Stolen Mutilated When? How?  |                  |                                       |                      |  |                                   |  |
|     | C. License issued by Pennsylvania has been surrendered to or co   | onfiscated b     | v the Police/Co                       | urt.                 |  |                                   |  |
|     | When? What Police Department/County?  |                  |                                       |                      |  |                                   |  |
|     | D. License issued by Pennsylvania has been previously surrendered to PennDOT to serve an existing period of suspension.   |                  |                                       |                      |  |                                   |  |
|     | When? Why were you suspended?   |                  |                                       |                      |  |                                   |  |
|     | $3.\ \square$ I desire to have an identification card along with My curre   | ISE/PERMIT.      | \$29.50                               |                      |  |                                   |  |
| С   | CERTIFICATION (SIGN AND ENTER DATE OF APPLICATION)  REQUEST FOR ORGAN DONOR   |                  |                                       |                      |  | ATION                             |  |
| Щ   | Veterans Designation: I certify under penalty of law that I am a qualified applicant and hereby   | DADENTAL CONCENT |                                       |                      |  | Allon                             |  |
|     | request it be added to my product. I understand that misrepresentation will result in the cancellation of my identification card.   |                  |                                       |                      | nd I hereby request (                        | Organ Donor                       |  |
|     | ·   | or older wi      | i on my Pennsylv<br>Il have the oppor | anıa I.L<br>tunity t | ). Card. Applicants 1<br>o request Organ Doi | 8 years of age<br>nor designation |  |
|     | 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                             |                  | nsylvania I.D. Ca                     |                      |  | 3                                 |  |
|     | 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   |                  | rtify that I am a [                   |                      |  | _                                 |  |
|     | purpose of processing this form.  | 1                |                                       | or 🔲 S               | Spouse at least 18 y                         | ears of age and                   |  |
|     | I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).   | l: L Do          | give consent                          |                      |  |                                   |  |
|     | I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse).  |                  |                                       |                      | pplicant's request f                         | or Organ                          |  |
|     | No.   | Do               | nor designation.                      |                      |  |                                   |  |
|     | SIGN<br>HENE  | SIGN             |                                       |                      |  |                                   |  |
|     | APPLICANT'S SIGNATURE IN INK  WARNING: Misstatement of Fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or   | HERE             |                                       |                      |  |                                   |  |
|     | imprisonment up to 1 year (18 Pa. C, Section 4904 [b]).   | SIGNATURE OF P   | ARENT, GUARDIAN, PERSONS IN           | LOCO PARE            | NTIS, OR SPOUSE AT LEAST 18 YEARS            | OF AGE DATE                       |  |
| D   | DEPARTMENTAL USE ONLY II  | NUMBER           |                                       |                      |  |                                   |  |
|     | RESIDENCY REQUIREMENTS (LIST TWO) 1   |                  | 2                                     |                      |  |                                   |  |
|     | VERIFICATION OF BIRTH DATE & IDENTITY Birth certificate Other   |                  |                                       |                      |  |                                   |  |
|     |   |                  |                                       |                      |  |                                   |  |
|     | SIGNATURE OF EXAMINER DATE  | BADGE NO.        |                                       | EXAM C               | FNTER  |                                   |  |
| ı,  |   |                  |                                       |                      |  |                                   |  |

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

|   | n |  |  |  |  |  |
|---|---|--|--|--|--|--|
| employee of the federal or state government, armed forces personnel, and immediate members of 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): $\square$ Spouse $\square$ Dependent Child  |   |  |  |  |  |  |

#### **SECTION B**

If you check block 1, you must apply in person at a Driver License Center with the identity and residency documents listed below. If you check block 2 or block 3, you can mail your completed and signed application.

#### **SECTION C**

**Veterans Designation:** You have the opportunity to add the veterans designation to your identification card, which clearly indicates you are a veteran of the United States Armed Forces. To qualify, you must have served in the United States Armed Forces, including a reserve component or the National Guard, and have been discharged or released from such service under conditions other than dishonorable. If you are requesting to add the veterans designation to your ID card, make sure you check the box at the top in Section C.

NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.

If mailing your application along with your check or money order (if applicable) made payable to PennDOT, send 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 You must bring the Original 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.) No other birth documents will be accepted.
  - Certificate of U.S. Citizenship (USCIS Form N-560)
  - Certificate of Naturalization (USCIS Form N-550 or N-570)
  - · Valid U.S. Passport (Only valid U.S. Passports and original documents will be accepted.)
  - ◆ If you have an Out-of-State Driver's License, it must be presented with one of the above forms of identification.

NOTE: 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 - You must bring all of the following:

- Original Social Security Card (card cannot be laminated), or letter from SSA indicating that SSA did not make a decision yet, or SSA rejection letter
- Written verification of attendance from school (Student Status Only)
- Valid Passport
- Written verification from employer (Employment Status Only)
- All original (USCIS) documents

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

- · Lease Agreements
- Tax Records
- Mortgage Documents
- Current Weapons Permit
   (for I.I. S. Citizens Only)
- · Current Utility Bills (water, gas, electric, cable, phone, etc.) · W-2 Form

(for U. S. Citizens Only)

**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 your payment. You must also check the block provided to ensure proper handling of your contribution. The ODTF provides for the development and implementation of donor awareness programs and funds shall be appropriated subject to the approval of the Governor.

**Veterans' Trust Fund (VTF):** You have the opportunity to make a tax deductible contribution to the VTF. Your contribution will help support programs and projects for Pennsylvania veterans and their families. Since this additional \$3.00 is not part of the fee, please add the donated amount to your payment. Also, please check the proper block on the form to ensure your contribution is handled properly.

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.