

APPLICATION FOR IGNITION INTERLOCK LICENSE/RETURN OF REGULAR DRIVER LICENSE

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION. PLEASE READ IMPORTANT INFORMATION ON THE REVERSE SIDE.



A APPLICANT INFORMATION									
DRIVER'S LICENSE NUMBER			LAST NAME				JR/ETC		
FIRST NAME			MIDDLE NAME						
DATE OF BIRTH		TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)			E-MAIL ADDRESS (if applicable)				
Month	Day	Year							
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 _____									
<p>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.</p> <p>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.</p> <p>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:</p> <p><input type="checkbox"/> US Armed Forces <input type="checkbox"/> Federal Government <input type="checkbox"/> Pennsylvania State Government</p> <p>Relationship to person meeting exemption (check one): <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child</p>									
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.									
NEW STREET ADDRESS									
CITY						STATE		ZIP CODE	
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO								ORGAN DONOR DESIGNATION	
If you are not a registered voter, you may contact your county voter registration office.								<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	
B APPLICATION OPTIONS - MUST CHECK ONE									
OPTION 1		<input type="checkbox"/> I am applying for an ignition interlock license. OR							
OPTION 2		<input type="checkbox"/> As a result of the disqualification of my commercial driving privilege, (in accordance with Section 1617 of the PA Vehicle Code) I am applying for a non-commercial class ignition interlock license. OR							
OPTION 3		<input type="checkbox"/> My ignition interlock period has been served and I am applying for the return of my previous classification. NOTE: If applying for the return of your previous CDL classification, after serving your disqualifications period, you must complete form DL-100CD. During your ignition interlock period were you given a ticket or cited for driving without an ignition interlock system and/or tampering with an ignition interlock device? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date when violation occurred _____ and check one of the following: <input type="checkbox"/> 1. I was found not guilty. <input type="checkbox"/> 2. I paid the ticket, plead guilty or was found guilty. <input type="checkbox"/> 3. The case hasn't been decided yet.							
C REQUEST FOR EXEMPTION FROM PHOTO - ABSENTEE EXEMPTION									
During the next 60 days I will be absent from PA for the following reason: <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Travel									
Within 45 days of my return I will apply for a driver's license containing my photo.									
SIGN HERE									

APPLICANT'S SIGNATURE									
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. 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.)									
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund. If checked include \$1.00.									
SIGN HERE									

APPLICANT'S SIGNATURE IN INK		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FEE PAID Send Check In This Amount </div>							
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]).									

MESSENGER NO.

**The most current version of this form can be found at:
www.dmv.state.pa.us**

SECTION A - APPLICANT INFORMATION

- Complete applicant information.
- Complete address change if needed.
- Include the Driver Number if available. This assists PennDOT in the identification process
- The Department is required to obtain the Licensee's height and eye color under the provisions of Section 1510(a) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud.

SECTION B - APPLICATION OPTIONS

- Check one block only. Indicate the type of license you are requesting.
- If you are choosing option 3, you **must** answer the question regarding Ignition Interlock violations. **Failure to answer this question will result in the delay of processing your application.**
- Return your completed and signed application with check or money order made payable to "PennDOT", to:

FOR OPTION 1 AND OPTION 2

Department of Transportation
Bureau of Driver Licensing
P.O. Box 68693
Harrisburg, PA 17106-8693

FOR OPTION 3

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

SECTION C - REQUEST FOR EXEMPTION FROM PHOTO

- Section C must be signed.

SECTION D - AUTHORIZATION AND CERTIFICATION

- Section D must be signed.
- Fill in the fee in the box provided. *(see fees below)*

FEES	
Driver's License without Class M\$13.50	Driver's License with Class M\$18.50
<i>or</i>	
<i>If your license expires within 6 months, you may choose to renew at this time by attaching a DL-143 / DL-143CD along with the <u>renewal fees ONLY.</u></i>	

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

ORGAN DONATION AWARENESS TRUST FUND (ODTF):

You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 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 D 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.