

COMMERCIAL DRIVER'S LICENSE APPLICATION TO REPLACE/CORRECT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



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

A PLEASE READ IMPORTANT INFORMATION ON THE BACK. YOU MUST COMPLETE ALL PARTS OF SECTION A.									
Driver's License Number			LAST NAME				JR/ETC.		
FIRST NAME						MIDDLE NAME			
DATE OF BIRTH			SOCIAL SECURITY NUMBER			TELEPHONE NUMBER (8:00 A.M.-4:30 P.M.)		E-MAIL ADDRESS	
Month	Day	Year							
B APPLICATION FOR REPLACEMENT (Check One)									
<input type="checkbox"/> CDL Learner's Permit and/or Knowledge Test Authorization <input type="checkbox"/> CDL Camera Card (If checked, form MUST BE NOTARIZED) <input type="checkbox"/> CDL Photo License <input type="checkbox"/> School Bus Driver Endorsement Card			REPLACEMENT REQUIRED DUE TO: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Change of Address <input type="checkbox"/> Correction <input type="checkbox"/> Other _____ <input type="checkbox"/> Never Received (MUST BE NOTARIZED - No Fee Required)				ORGAN DONOR DESIGNATION (MUST BE NOTARIZED) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
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? If you are not a registered voter, you may contact your county voter registration office. <input type="checkbox"/> YES <input type="checkbox"/> NO									
NAME CHANGE REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)									
LAST NAME				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			DROP PRIVILEGE:	
Month	Day	Year	FEET	INCHES				<input type="checkbox"/> Class M <input type="checkbox"/> Hazmat Endorsement	
D No person may hold more than one valid license at any time. If you have a license from another state, do not use this form. YOU MUST go to a Driver License Examination Center to surrender your out-of-state license and make application for a replacement PA license.									
ALL MUST BE ANSWERED	1. <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? 2. <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						THIS SECTION MUST BE NOTARIZED			
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.)						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 of loss in the mail.			
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).						SUBSCRIBED AND SWORN TO BEFORE ME: MO DAY YEAR			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> FEE PAID Send Check In This Amount _____ SEE REVERSE FOR FEES </div>						Signature of Person Administering Oath			
SIGN HERE _____ APPLICANT'S SIGNATURE IN INK						S E A L SIGN IN PRESENCE OF NOTARY			

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

APPLICANT INFORMATION

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

- 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, complete form DL-143CD (Renewal of a Commercial Driver's 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.**

REPLACEMENT CHANGE/CORRECTION OF COMMERCIAL:	Along with appropriate fees application MUST BE NOTARIZED in Section E. Address changes require the issuance of a duplicate.
LEARNER'S PERMIT AND/OR KNOWLEDGE TEST AUTHORIZATION	FEE \$5.00 per EACH Class, Endorsement or Restriction.
CDL 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 \$10.00.</i>
CDL PHOTO LICENSE	* FEE: \$13.50 - 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 • A Commercial Driver's License, complete with the applicant's most recent photo-image * <i>If license is endorsed with Class M, the fee is \$18.50.</i>
SCHOOL BUS ENDORSEMENT	NO FEE
ORGAN DONATION DESIGNATION	When you are adding or removing the Organ Donor designation, the form must be notarized and a replacement 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

- **NAME CHANGE** - 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.
- IF **YEAR OF BIRTH** on commercial driver's license is incorrect, attach a copy of your 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 copy of your 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.