

# SERVICE PERSON REQUEST FOR NON-COMMERCIAL PENNSYLVANIA DRIVER'S LICENSE

**PENNSYLVANIA RESIDENTS ONLY**  
**ARE YOU A CURRENT PENNSYLVANIA RESIDENT?**

- YES - CONTINUE COMPLETING FORM**  
 **NO - DO NOT COMPLETE FORM. YOU ARE NOT ELIGIBLE.**  
**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION.**



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

## A APPLICANT INFORMATION (applicant MUST attach a copy of their Military ID Card, and the memorandum of authorization.)

PA LICENSE NUMBER (if applicable)				LAST NAME				JR/ETC	FIRST NAME				MIDDLE NAME																		
DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER						PA LICENSE EXPIRES			E-MAIL ADDRESS																	
Month	Day	Year	Feet	Inches			-		-			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 _____	
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										CITY				STATE	ZIP CODE	TELEPHONE NO.															
REQUEST FOR PHOTO EXEMPTION (see reverse side)										<input type="checkbox"/> ABSENTEE EXEMPTION				<input type="checkbox"/> RELIGIOUS EXEMPTION																	

## B MAILING ADDRESS (Complete if different than address in Section A)

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										CITY				STATE	ZIP CODE
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## C DRIVER QUALIFICATION REPORT (Authorized Military Personnel MUST Complete) \* See Reverse Side

THE ABOVE APPLICANT HAS PASSED EXAMINATIONS(S) DEMONSTRATING QUALIFICATION FOR:

CLASS C - (Minimum age 16) A non-commercial license to operate a single non-commercial vehicle not over 26,001 lbs. registered gross weight (such as a passenger car, station wagon, or small truck) or any such vehicle towing a trailer not over 10,000 lbs. gross weight. (Class C license does not include any other class)

CLASS M - (Minimum age 16) A license to operate a motorcycle or motor-driven cycle.

I the EXAMINER, certify that the above named applicant has appeared before me and, to the best of my knowledge, has completed this application truthfully and accurately.

SIGNATURE OF THE EXAMINER				TITLE				DATE				EXAM LOCATION			
<b>SIGN HERE</b>															

## D PHYSICAL EXAMINATION CERTIFICATION TO BE COMPLETED BY MEDICAL OFFICER

<p><b>THIS IS TO CERTIFY THE EXAMINEE HAS:</b></p> <p style="text-align: right;">✓ Check One: YES NO</p> <p>20/70 vision or less in better eye with correction. . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Report of Eye Exam Attached. . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Qualified. . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>COMPLETE ONLY WHEN NECESSARY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Uncorrected</td> <td>Corrected</td> </tr> <tr> <td>Right Eye</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>Left Eye</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>Both Eyes</td> <td>20</td> <td>20/</td> </tr> </table> <p><input type="checkbox"/> Must wear corrective lenses <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Other restrictions _____</p> <p>SIGNATURE OF THE EXAMINEE (sign ONLY in presence of Physician)</p> <p><b>SIGN HERE</b></p>		Uncorrected	Corrected	Right Eye	20/	20/	Left Eye	20/	20/	Both Eyes	20	20/	<p><b>PHYSICAL EXAMINATION OF THE APPLICANT DISCLOSES THE FOLLOWING:</b></p> <p style="text-align: right;">✓ Check One: YES NO</p> <ol style="list-style-type: none"> <li>Neurological disorders such as to prevent reasonable control of a motor vehicle? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Any Cardiac or Circulator disorder including Hypertension such as to prevent reasonable control of a motor vehicle? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Neuropsychiatric disorders such as to prevent reasonable control of a motor vehicle? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Conditions causing repeated lapses of consciousness, e.g. epilepsy, narcolepsy, hysteria, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO                      If yes, specify _____                      If seizure disorder, date of last seizure _____</li> <li>Alcoholism? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Narcotic Addiction? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Uncontrolled Diabetics? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Uncontrolled Epilepsy? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Immobility or amputation of an appendage? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO                      If yes, list _____</li> <li>List any condition that would prevent control of a motor vehicle? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO                      If yes, list _____</li> </ol> <p><b>NOTE: Any recommendations/additional comments must accompany this certificate on physician letterhead enclosure.</b></p>
	Uncorrected	Corrected											
Right Eye	20/	20/											
Left Eye	20/	20/											
Both Eyes	20	20/											

PHYSICIAN INFORMATION (please print or type) Check One: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.R.P.N. <input type="checkbox"/> PA. <input type="checkbox"/> D.C.				TELEPHONE NUMBER: ( )			
NAME				STATE LICENSE NUMBER			
STREET ADDRESS				CITY		STATE	ZIP CODE
PHYSICIAN'S SIGNATURE <b>SIGN HERE</b>				PHYSICAL DATE			

<p><b>E CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE ATLEAST 18 YEARS OF AGE</b>  <b>Complete if Applicant is Less Than 18 Years of Age</b></p> <p>I HEREBY CERTIFY THAT I AM A PENNSYLVANIA RESIDENT AND THE:</p> <p><input type="checkbox"/> Parent   <input type="checkbox"/> Guardian,   <input type="checkbox"/> Person in Loco Parentis or</p> <p><input type="checkbox"/> Spouse   at least 18 years of age, of the applicant named herein, that the statements made herein are true and correct to the best of my knowledge and that this application is made with my full consent.</p> <p><b>SIGN HERE</b></p> <p style="text-align: center;"><small>(Signature of parent, guardian, person in loco parentis or spouse at least 18 years of age.)</small></p>	<p><b>F AUTHORIZATION AND CERTIFICATION</b></p> <p>I certify under penalty of law that the information contained herein is true and correct. If using a Messenger Service, 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 page 3 for provisions.)</p> <p>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]).</p> <p><b>SIGN HERE</b></p> <p style="text-align: center;"><small>(Applicant's signature in ink)</small></p> <p style="text-align: right;"><small>(Date)</small></p>
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<p><b>G REQUEST FOR EXEMPTION FROM PHOTO</b> (If requesting religious exemption, see below for additional requirements.)</p>	
<p style="text-align: center;"><b>ABSENTEE EXEMPTION</b></p> <p>During the next 60 days I will be absent from PA for the following reasons:</p> <p><input type="checkbox"/> Military   <input type="checkbox"/> School   <input type="checkbox"/> Work   <input type="checkbox"/> Travel</p> <p>Within 45 days of my return, I will apply for a driver's license containing my photo.</p> <p><b>SIGN HERE</b></p> <p style="text-align: center;"><small>APPLICANT'S SIGNATURE</small></p>	<p style="text-align: center;"><b>RELIGIOUS EXEMPTION</b></p> <p>I hereby request an exemption from having my photo taken because of my religious affiliation with: _____</p> <p style="text-align: right;"><small>NAME OF RELIGIOUS GROUP</small></p> <p>_____</p> <p>My religious beliefs forbid the taking of photographs.</p> <p><b>SIGN HERE</b></p> <p style="text-align: center;"><small>APPLICANT'S SIGNATURE</small></p>
<p>Religious Exempt: When requesting a religious exemption, a letter must accompany this application that includes:</p> <ul style="list-style-type: none"> <li>A. The request for the exemption;</li> <li>B. The name of the religious group to which the applicant is affiliated;</li> <li>C. A statement that the religion's belief forbids the taking of photographs; and</li> <li>D. The applicant's signature.</li> </ul>	

Authorized Military Personnel **MUST** complete Section C. Also, a memorandum, on military letterhead, from the Provost Marshall, Company Commander, Department Head, or OIC **MUST** be attached to certify that the Examiner is authorized to administer skills testing. (Attach test result)

Please read important information on page 3.

**ATTACH TEST RESULTS**

**THIS FORM IS NOT VALID FOR COMMERCIAL DRIVER TESTS**

- REQUEST FOR ORIGINAL ISSUANCE OF A PENNSYLVANIA NON-COMMERCIAL DRIVER'S LICENSE BY A PENNSYLVANIA RESIDENT**  
 FEE: \$28.00 (If Class M - FEE \$48.00). Complete Sections A, B, C, D, E if applicable, F and G. To obtain a non-commercial driver's license, you must complete the application, and must already have a PA learner's permit or PA non driver's Photo ID already established in Pennsylvania. You may be required to provide a copy of your birth certificate, if you are a dependent of eligible service person.
- REQUEST TO ADD CLASS M ENDORSEMENT TO CURRENT PA NON-COMMERCIAL LICENSE**  
 FEE: \$10.00. Complete Sections A, B, C, D, E if applicable, F and G. If you hold a valid PA non-commercial driver's license and desire to have it endorsed, you must pass an examination demonstrating your ability to operate such vehicle. If you are stationed outside the Commonwealth, a special examination may be conducted by a representative of the provost marshal's office, motor pool or safety personnel on your base. The results of such an examination should be recorded on the reverse side of this letter. (An update card will be issued).
- REQUEST FOR RENEWAL OF PA NON-COMMERCIAL DRIVER'S LICENSE WITH A REQUEST TO ADD CLASS M ENDORSEMENT**  
 FEE: \$28.00 (If Class M - FEE \$48.00). Complete Sections A, B, D, E if applicable, F and G. If you are a service person who is renewing a PA non-commercial driver's license and you desire your renewed license to be endorsed with a Class M, the results of the special examination must be recorded by the examiner on the reverse side of this letter.
- REQUEST FOR REPLACEMENT PA PHOTO LICENSE WITH A REQUEST TO ADD CLASS M ENDORSEMENT**  
 FEE: \$17.00. Complete Sections A, B, C, D, E if applicable, F and G.

◆ **Return your completed and signed application, a copy of your Military Photo ID Card, the memorandum of authorization, and your check or money order payable to “PennDOT” to:  
Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

**EXAMINER GUIDELINES**

Grounds for immediate failure are:

All Classes - Accident, lack of cooperation, unable to start vehicle, unable to turnabout in 3 backups, passed through stop sign, passed through red light, or examinee commits and traffic violation.

Class M - Lack of knowledge of controls, a spill, a wheelie; Not wearing protective headgear and protective eye device.

In addition to the grounds listed above, the examinee may be failed if, in the opinion of the examiner, any 3 or more of the following faults are found to be present.

**ALL EXAMINATIONS**

FAILED TO YIELD RIGHT OF WAY	LACK OF SPEED CONTROL	SPEED TOO SLOW	POOR JUDGEMENT IN TRAFFIC
STRIKING/JUMPING CURB MARKERS	ACCORDING TO CONDITIONS	STALLS ENGINE REPEATEDLY	CROSSED CENTER LINE
DRIVING IN OPPOSITE LANE CONTINUOUSLY	STOPPED IN CROSSWALK	IMPROPER SIGNALS OR FAILED TO SIGNAL	FOLLOWING TOO CLOSE
IMPROPER PASS	FAILED TO OBEY ROAD SIGNS	IMPROPER TURNS	FAILED TO OBSERVE TRAFFIC
IMPROPER BREAKING	POOR ATTITUDE TOWARD OTHERS	IMPROPER STEERING	

CLASS C		CLASS M	
• IMPROPER SERPENTINE	• DIFFICULTY IN SHIFTING	• BROADSIDE MOTION	• FEET OFF FOOT RESTS
• UNABLE TO PARK - 3 BACKUPS	• IMPROPER RELEASE/APPLY	• LOOKS AT CONTROLS	• LACK OF BALANCE
• IMPROPER START & STOP (HILL)	EMERGENCY BRAKE	• IMPROPER CLUTCH/THROTTLE CONTROL	• IMPROPER START & STOP (HILL)
• IMPROPER BACKING		• SKIDS	• DIFFICULTY SHIFTING

**Change your address or renew or renew your driver’s license online at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

**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.

**SOCIAL SECURITY INFORMATION**

The Department is required to obtain the licensee’s Social Security Number, height, and eye color under the provisions of Section 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.