DL-180 (1-15)

pennsylvania DEPARTMENT OF TRANSPORTATION

NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

THIS FORM IS VALID FOR 1 YEAR FROM THE DATE OF PHYSICAL EXAMINATION The physical date may not be more than 6 months prior to your 16th birthday.

(PROVIDER SIGNATURE - must match reverse)

YOU MUST APPLY IN PERSON

DRIVER'S LICENSE NUMBER/I.D. NUMBER:

LAST NA	ME (S)																			JR./ETC			
FIRST NA	MF												MIDDL	FNA	MF								
├──	DAT	E OF BI	RTH	HFI	GHT		S	OCIAL SECUR	RITY N	IUMBER			SEX	_	TEL	EPHONE	NUME	BER (8:00A.N	1 4:30	P.M.)			
MONTH	DA	-	YEAR	FEET	INCHES			DUIAL DEUDI		IOMIDEIT			0LA							,			
											Отн	IER											
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.												ZIP CODE											
										FEE	╈	ENTER FEE FOR EACH ITEM CHECKED											
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PERMIT(S) CLASS A (Combination Vehicle over 26,000), CLASS B (Truck or Bus over 26,000) OR CLASS C (Automobile) \$5.00 CLASS M (Motorcycle) MSEA Fee is included \$15.00																							
			LASS M (N	lotorcycle) I	MSEA Fee	is included		05105										\$15.00	+	ENTER FEE FOR			
MUST LICENSE REQUIRED FE												LICENSE CHECKED											
										\$29.50													
2-Year Photo (Age 65 & Over) \$19.00											_	ENTER FEE FOR											
Trust Fund Contribution(s) - If you wish to contribute to the Organ Donation Awareness Trust Fund (ODTF) and/or the Veterans' Trust Fund (VTF) check the appropriate box(s) and enter total amount to the right. (see reverse)) <u>c</u>		ION(S) HERI										
	\$1.00 to the Organ Donation Trust Fund (ODTF) \$3.00 to the Veterans' Trust Fund (VTF)																						
PAID B	SY:	Ch	eck M	oney Orde	r Pay	able to Pe	ennD	OT (Cas	h C	ANNO	۲ be a	ccept	ed)				T	TOTAL	\$				
ALL Q	UES	TIOI		BE ANSW	/ERED							-	-		(Check		pplicable	e Blo	ock) Y	ES NO		
1 Hav			er held or r	nossessed	a PA Driv	er's Licer	nse/l	earner's	s Pr	ermit/P	hoto	Identi	ficatio	n Ca									
 Have you ever held or possessed a PA Driver's License/Learner's Permit/Photo Identification Card?																							
suspended, revoked, or subject to installation of an ignition interlock device?																							
If yes, give state date, and reason 3. Do you have any pending criminal charges or driving violations in this state or any other state which may carry a possible																							
pen	alty o	of su	spension c	or revocation	on of your	driver's l	icens	e or dri	ving	g privile	ege?												
			tate																				
4. Do y	you ł	nold	a valid lice	nse or ID (card from																		
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 I am under the age of 18 years and I hereby request Organ Donor designation on my PA Driver's License. Parent must check consent block on the ParenGuardian Consent Form (DL-180TD). (Applicants 18 years of age or older will have the opportunity to request Organ Donor designation a the Photo Center at the time they have their photo taken.) I hereby certify that I am a resident of the Commonwealth of Pennsylvania. 																							
SIGN																							
APPLICANT'S SIGNATURE IN INK) (DATE)																							
							-	R OFFIC		USE (ONLY												
			ETED BY D									CO	OMPLE	TED) BY	DRIVE	R LIC	CENSE E	XAN	IINER (ONLY		
VISION SCREENING CHECK (/) YES NO COMPLETE ALL ITEMS								Thia in	EXAMINER'S DRIVER CERTIFICATION														
20/40 vision or less in better eye with correction																							
Report o	of Eye	Exam	ination (attac	hed)	······ [] [_	20/		Left Ey	e	20/						- (, -	- ,					
Qual	ified V	Vithou	t Restrictions			20/		Both Eye	_	20/				(SI	IGNATI	JRE OF EX	AMINER	R)		(DL	E NO.)		
Qual	ified V	Vith R	estrictions			R	L	Fields	\$	R	L	DATE OF	ISSUE: MONTH							YEAR			
Corrective Lenses Other: MONTH DAY YEAR																							
												EXAM C	ENTER:										

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN FULL BY A HEALTH CARE PROVIDER											
Please check any of the following that would prevent control of a motor vehicle. Neurological disorders Neuropsychiatric disorders Circulatory disorder Cardiac disorder Hypertension Uncontrolled Epilepsy Uncontrolled Diabetes Cognitive Impairment Alcohol abuse Drug abuse Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc.) If seizure disorder, date of last seizure: Impairment or Amputation of an appendage. If so, list: If so, list:											
Other:											
NOTE: Any recommendations/additional comments must accompany this certificate on a health care provider's letterhead.											
PROVIDER INFORMATION (Please print or type)											
PROVIDER'S NAME SPECIALTY STATE LICENSE #											
STREET ADDRESS	CITY		STATE ZIP CODE								
TELEPHONE	FA	X	<u>-</u> !								
I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.											
Examinee's Signature (SIGN ONLY IN PRESENCE OF PROVIDER)		Provider's Signature	Physical Date								
TO MEET IDENTIFICATION REQUIREMENTS YOU MUST PRE	ESENT THE F										
U.S. Citizens - Social Security Card (card cannot be laminated) AND			ou must k	oring ALL of the following:							
 following: Birth Certificate with raised seal (U.S. issued by an a government agency, including U.S. territories or Puerto other birth documents will be accepted. Certificate of U.S. Citizenship (BCIS/INS Form N-560 Certificate of Naturalization (BCIS/INS Form N-550 Certificate of Nat	 Valid Passport All original USCIS/immigration documents Written verification of attendance from school (Student Status Only) Written verification from employer (Employment Status Only) To obtain detailed information regarding "identity/residency requirements," you can: Visit the Identity/Security Info Center at <u>www.dmv.state.pa.us</u> Call us at 1-800-932-4600 or 1-800-228-0676 (TDD) Monday through Friday from 8 a.m. to 5 p.m., or Visit one of our Driver License Centers. 										
All documents must show the same name and date of birth, or an association between the information on the documents. Additional documentation may be required, if a connection between documents cannot be established (e.g. Marriage Certificate, Court Order of name change, Divorce Decree, etc.)											
TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT TWO OF THE FOLLOWING (for customers 18 years of age or older):											
 Tax Records Lease Agreements Mortgage Documents W-2 Form Current Weapons Permit (U.S. Citizen only) Current Utility Bills (water, gas, electric, cable, etc.) The proof of residency documents must have your name and official Pennsylvania street address on it 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 physical address on it. The address must match that of the person with whom you reside. 											
Veterans Designation: You have the opportunity to add the veterans designation to your driver's license, 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 license, make sure you check the box at the top of the Authorization and Certification Section on side 1.											
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 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.											
Permit Fee: Additional permit fee of \$5.00 for each permit requested. MSEA Fee: These additional fees are required under the Pennsylvania Vehicle Code Section 7904 and will be used to support a Motorcycle Safety Education Program in the Commonwealth of Pennsylvania.											
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											

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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.