



APPLICATION FOR PENNSYLVANIA COMMERCIAL DRIVER'S LICENSE BY OUT-OF-STATE CDL DRIVER

FEDERAL REGULATION REQUIRES CDL HOLDERS TO PROVIDE IN PERSON PROOF OF CITIZENSHIP OR LEGAL PRESENCE. FOR MORE INFORMATION PLEASE SEE BACK OF FORM.

YOU MUST APPLY IN PERSON

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

Form section A containing fields for LAST NAME(S), FIRST NAME, MIDDLE NAME, DATE OF BIRTH, HEIGHT, SOCIAL SECURITY NUMBER, TELEPHONE NUMBER, and EYE COLOR.

SEX/GENDER DESIGNATION STATEMENT

Form section for SEX/GENDER DESIGNATION STATEMENT with fields for PRINT NAME, Male (M), Female (F), and Non-Binary/Other (X).

Form section for STREET ADDRESS, CITY, STATE, and ZIP CODE.

Form section for listing previous states where licensed to drive, including State, Driver's License Number, and Name.

Form section for ORGAN DONOR DESIGNATION with ADD and REMOVE checkboxes.

B ALL STATEMENTS MUST BE ANSWERED Please check only the boxes that apply to you, that would prevent you from having reasonable control of a motor vehicle:

Form section B containing checkboxes for Neurological disorders, Uncontrolled Diabetes, Conditions causing repeated lapses of consciousness, etc.

NOTE: Any recommendations/additional comments must accompany this certificate on a health care provider's letterhead.

Form section for THIS DEPARTMENT MAY REQUIRE A PHYSICAL EXAMINATION BY A PROVIDER FOR CAUSE with numbered questions and YES/NO checkboxes.

C AUTHORIZATION AND CERTIFICATION

Form section C containing checkboxes for I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state.

Form section for PAID BY: Debit/Credit Card, Check, Money Order and TOTAL \$.

Form section for APPLICANT'S SIGNATURE IN INK and (DATE).

| D EXAM REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VISION EXAMINATION 20/40 vision or less in better eye with correction <input type="checkbox"/> YES <input type="checkbox"/> NO Report of Eye Examination (attached) <input type="checkbox"/> YES <input type="checkbox"/> NO | | CHECK (✓) YES NO <input type="checkbox"/> Qualified with Restrictions <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Other <input type="checkbox"/> Qualified Without Restrictions _____ Former Driver License # _____ State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">COMPLETE ALL ITEMS</th> </tr> <tr> <th>Uncorrected</th> <th></th> <th>Corrected</th> <th></th> </tr> <tr> <td>20/</td> <td>Right Eye</td> <td>20/</td> <td></td> </tr> <tr> <td>20/</td> <td>Left Eye</td> <td>20/</td> <td></td> </tr> <tr> <td>20/</td> <td>Both Eyes</td> <td>20/</td> <td></td> </tr> <tr> <td>R</td> <td>L</td> <td>Fields</td> <td>R L</td> </tr> </table> | | COMPLETE ALL ITEMS | | | | Uncorrected | | Corrected | | 20/ | Right Eye | 20/ | | 20/ | Left Eye | 20/ | | 20/ | Both Eyes | 20/ | | R | L | Fields | R L | Classes & Endorsements/Commercial Restrictions which should be endorsed on the Driver's PA CDL. <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Class</th> <th style="width: 40%;">Endorsement(s)</th> <th style="width: 30%;">Medical Restriction(s)</th> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td>Air Brake "L" Restriction</td> <td></td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td>"C/N" CDL Restriction (for transfer of P endorsement only)</td> <td></td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td>Manual Transmission "E" Restriction</td> <td></td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td>Truck tractor-trailer combination "O" Restriction</td> <td></td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td>Partial Air brakes "Z" Restriction</td> <td></td> <td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE</td> </tr> <tr> <td>Hazardous Materials Endorsement requested</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> If yes, date exam passed: _____ | | Class | Endorsement(s) | Medical Restriction(s) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Air Brake "L" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | "C/N" CDL Restriction (for transfer of P endorsement only) | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | Manual Transmission "E" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | Truck tractor-trailer combination "O" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | Partial Air brakes "Z" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | Hazardous Materials Endorsement requested | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMPLETE ALL ITEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uncorrected | | Corrected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20/ | Right Eye | 20/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20/ | Left Eye | 20/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20/ | Both Eyes | 20/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | L | Fields | R L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class | Endorsement(s) | Medical Restriction(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Brake "L" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "C/N" CDL Restriction (for transfer of P endorsement only) | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual Transmission "E" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Truck tractor-trailer combination "O" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partial Air brakes "Z" Restriction | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazardous Materials Endorsement requested | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXAMINER'S CERTIFICATION - This is to certify the above applicant has applied for and passed the examination for the above class(es) and endorsements for a Pennsylvania Commercial Driver's License. _____ SIGNATURE OF EXAMINER | | Exam Center: _____ Exam Center Phone Number: _____ Date of Issue: MONTH _____ DAY _____ YEAR _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ DLE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OUT-OF-STATE LICENSES EXPIRED FOR MORE THAN 6 MONTHS CANNOT BE TRANSFERRED.

FEE INFORMATION

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| 4-Year Photo \$123.50 4-Year with Hazmat \$144.50 <i>Drivers age 65 and over have the option of requesting a driver's license valid for two years instead of four years. Fees for this option are:</i> 2-Year Photo \$69.50 2-Year with Hazmat \$90.50 | * 4-Year Photo with Class M \$129.50 * 4-Year with Class M and Hazmat \$150.50 * 2-Year Photo with Class M \$75.50 * 2-Year with Class M and Hazmat \$96.50 |
| * This additional fee is required by Act 31, 1984 and will be used to support the Motorcycle Safety Educational Program in the Commonwealth of Pennsylvania. | |
| If you would like to contribute to the Organ Donation Awareness Trust Fund, add an additional \$3.00 If you would like to make a tax deductible contribution to the Veterans' Trust Fund (VTF) add an additional \$5.00 | |
| ORGAN DONATION AWARENESS TRUST FUND (ODTF): You have the opportunity to contribute \$3.00 to the Fund. The additional \$3.00 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 \$5.00 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. | |

YOU MUST APPEAR IN PERSON AT A DRIVER LICENSE CENTER AND SURRENDER YOUR OUT-OF-STATE LICENSE TO APPLY.

- **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 in Section C.
- No person shall receive a Pennsylvania Driver's License unless and until the person surrenders to the Department all valid licenses in the person's possession issued by this or any other state.
- Final approval of this application for Pennsylvania Driver's License is subject to verification of the applicant's past driver record history. Should verification disclose outstanding violations in any state or jurisdiction, the application will be denied and all issued Pennsylvania Commercial Driver's Licenses are subject to cancellation and recall.
- It is unlawful for any person:
 - ◆ To exhibit or cause or permit to be exhibited or have in possession any recalled, cancelled, suspended, revoked, fictitious or fraudulently altered driver's license.
 - ◆ To lend a driver's license to any other person or permit the use thereof by another.
 - ◆ To exhibit or represent as one's own any driver's license not issued to the person.
 - ◆ To fail or refuse to surrender to the Department upon lawful demand a recalled, cancelled, suspended, revoked, fictitious or fraudulently altered driver's license.

PENALTIES AND SANCTIONS

Any persons violating any of the above is guilty of a summary offense and shall, upon conviction, be sentenced to pay a fine of \$100. The Department may cancel any driver's license upon determining that the license was not entitled to the issuance or that the person failed to give the required or correct information or committed fraud in making the application or in obtaining the license or the fee has not been paid.

Any Pennsylvania driver who is convicted of any of the above offenses shall be assessed 3 points as of the date of violation.

A PERSON IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE IF THE PERSON, WITH FRAUDULENT INTENT, HAS POSSESSION OF, SELLS OR ATTEMPTS TO SELL, USES OR DISPLAYS A DRIVER'S LICENSE, KNOWING IT TO HAVE BEEN ALTERED, FORGED OR COUNTERFEITED.

Any person violating this offense is, upon conviction, subject to imprisonment for a term of up to 5 years.

The Department shall revoke the driver's license privilege of any driver for one year upon receiving a certified record of the driver's conviction of this offense.

| TO MEET IDENTIFICATION REQUIREMENTS YOU <u>MUST</u> PRESENT THE FOLLOWING | |
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| U.S. CITIZENS | NON-U.S. CITIZENS |
| <p>Social Security Card (card cannot be laminated) and <u>ONE</u> of the following:</p> <ul style="list-style-type: none"> • Birth Certificate with raised seal (U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico.) No other birth documents will be accepted. • Certificate of U.S. Citizenship (BCIS/INS Form N-560) • Certificate of Naturalization (BCIS/INS Form N-550 or N-570) • Valid U.S. Passport <p>Note: Your Out-of-State Driver's License <u>MUST</u> be surrendered at the time you make application.</p> | <p>You must bring <u>ALL</u> of the following:</p> <ul style="list-style-type: none"> • Original USCIS/immigration documents indicating current lawful immigration status • Valid Passport (Only valid U.S. Passports and original documents will be accepted.), dependent on status • Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated) <p>(Please note: Documents must be original, photo copies will not be accepted.)</p> <p>To obtain detailed information regarding "identity/residency requirements," you can:</p> <ul style="list-style-type: none"> • Visit www.dmv.pa.gov and Enter Search Term "Pub-195NC," and review required documents; or • Contact us at 717-412-5300. TTY callers - please dial 711 to reach us. |
| <p>All documents must be original and 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 the documents can not be established (e.g. Marriage Certificate, Court Order of name change, Divorce Decree, etc.)</p> | |
| <p>TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT TWO OF THE FOLLOWING (for customers 18 years of age or older)</p> | |
| <ul style="list-style-type: none"> • Current, unexpired PA driver's license or photo ID card • PA vehicle registration card • Auto insurance card • A computer-generated utility bill showing your name and address (cellphone, cable, electric, gas) | <ul style="list-style-type: none"> • Post-marked mail/package labels through USPS, UPS, FedEx etc. • A W-2 form/pay stub • Lease agreements or mortgage documents • Official Tax Records reflecting current name and address |
| <p>--The proof of residency documents must have your name and official Pennsylvania street address on it.--</p> | |
| <p>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 post-marked mail/package labels through USPS, UPS, FedEx etc. that has your name and physical address on it. The address must match that of the person with whom you reside.</p> | |

Federal regulations issued in support of the USA PATRIOT Act affect drivers wishing to retain a hazardous materials endorsement. The new Federal regulations require all CDL holders transferring with a hazardous materials endorsement to provide proof of U.S. citizenship or proof of appropriate immigration status, complete a Federal Security Threat Assessment application, pay additional Federal fees, have their fingerprints taken, and successfully complete a Federal criminal history background check. For more information, please visit our website at: www.dmv.pa.gov.

SECTION 3709 OF THE VEHICLE CODE