



# MOTORCYCLE LEARNER'S PERMIT

APPLICATION TO ADD/REAPPLY/DUPLICATE/CHANGE/CORRECT

APPLICANT MUST APPEAR IN PERSON

Motorcycle permit reapplications are limited to 3 times within a 5 year period. (see reverse)

### A YOU MUST COMPLETE ALL PARTS OF SECTION A

DRIVER'S LICENSE NUMBER		LAST NAME		JR./ETC
FIRST NAME			MIDDLE NAME	
DATE OF BIRTH MONTH DAY YEAR		TELEPHONE NUMBER (8:00A.M. - 4:30P.M.)	E-MAIL ADDRESS (if applicable)	
Check applicable block: <input type="checkbox"/> Add/Reapply <input type="checkbox"/> Duplicate <input type="checkbox"/> Change <input type="checkbox"/> Correct				

### B CHANGE OR CORRECTION ONLY (Important information on reverse side)

ADDRESS - 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 PA ZIP CODE

This application will also serve as a request to update your voter registration unless you check this box:   
If you are not registered to vote, you will receive an application to register. You must be a U.S. citizen to register to vote in Pennsylvania.

NAME CHANGE (Please note all name changes must be done in person with original documents) REASON:  MARRIAGE  DIVORCE  OTHER (see reverse side)

LAST JR., ETC. FIRST NAME MIDDLE NAME

OTHER CHANGES

EYE COLOR (Please check one):  BLUE  BROWN  GREEN  HAZEL  PINK  BLACK  GRAY  DICHROMATIC  OTHER \_\_\_\_\_

ADD LENS RESTRICTION OR  REMOVE LENS RESTRICTION - (Please Note: Must include DL-102 Application completed by Health Care Provider)

CORRECTION OF DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER
MONTH	DAY	YEAR	FEET	INCHES	

### C AUTHORIZATION AND CERTIFICATION

I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state. 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. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.)

I wish to contribute \$3.00 to the Organ Donation Awareness Trust Fund (see reverse).  I wish to contribute \$5.00 to the Veterans' Trust Fund (see reverse).

**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)).

**SIGN HERE** \_\_\_\_\_ SIGN IN PRESENCE OF NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

PAID BY:  Debit/Credit Card  Check  Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash. For more payment options please visit [www.dmv.pa.gov](http://www.dmv.pa.gov)) TOTAL \$ \_\_\_\_\_

### D NOTARY MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18

SUBSCRIBED AND SWORN TO BEFORE ME: MO. DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

**S E A L**

**SIGN IN PRESENCE OF NOTARY**

### E MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18

I hereby certify that I am  Parent  Guardian  Person in Loco Parentis  Spouse (at least 18 years of age)

of the applicant named herein, that the statements made hereon are true and correct to the best of my knowledge and that this application is made with my full consent.

**SIGN HERE** \_\_\_\_\_ (Signature of Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age)

(Print Name as it Appears in Signature Above)

### FOR OFFICIAL USE ONLY

COMPLETED BY DRIVER LICENSE EXAMINER OR A PROVIDER		COMPLETED BY DRIVER LICENSE EXAMINER ONLY																									
VISION SCREENING CHECK (✓) YES NO	20/40 vision or less in better eye with correction <input type="checkbox"/> <input type="checkbox"/>	EXAMINER'S DRIVER CERTIFICATION																									
Report of Eye Examination (attached)..... <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Qualified Without Restrictions	This is to certify that the above applicant has applied for and passed the examination for the above class(es) for a Pennsylvania Driver's License.																									
<input type="checkbox"/> Qualified With Restrictions	<input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Other: _____	<table border="1"> <tr> <th colspan="4">COMPLETE ALL ITEMS</th> </tr> <tr> <td>Uncorrected</td> <td></td> <td>Corrected</td> <td></td> </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
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20/	Both Eyes	20/																									
R	L	Fields	R L																								
		(SIGNATURE OF EXAMINER) _____ (DLE NO.) _____																									
		DATE OF ISSUE (MM,DD,YYYY): _____																									
		EXAM CENTER: _____																									

**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

- All applicants must complete Sections A, B (if applicable), and C.
- Notarization is required **IF** applicant is under the age of 18.
- Section E **MUST** be completed if applicant is under the age of 18.
- **Take** your completed and signed application, along with the appropriate fee (please refer to fees and payments at [www.dmv.pa.gov](http://www.dmv.pa.gov)) to the nearest Driver Licensing site. Upon passing the motorcycle knowledge test, your application and fee will be processed and you will be issued a permit.
  - If your non-commercial license is due to expire within six (6) months, complete form DL-143 (Renewal of a Driver's License)
  - If your commercial license is due to expire within six (6) months, complete form DL-143CD (Renewal of a Commercial Driver's License).

If you pass your motorcycle knowledge test, your application and fee will be processed and you will be issued a permit that is valid for 12 months.

You can only reapply for your motorcycle learner's permit 3 times within a 5 year period (4 total learner's permit within 5 years). Each reapplication requires you to take and pass the motorcycle knowledge test before the permit can be issued and the learner's permit must be applied for after your previous learner's permit is expired or you have failed 3 skills tests.

If you must replace a motorcycle learner's permit that has not expired, you can do so without having to retake the knowledge test; however, the expiration date on your replacement permit will remain the same as your original permit.

<b>ORGAN DONATION AWARENESS TRUST FUND (ODTF)</b>	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.
<b>VETERANS' TRUST FUND (VTF)</b>	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.
<b>CHANGE/CORRECTION ONLY</b>	<b>NO FEE REQUIRED</b> - The Bureau will issue an update card reflecting the change/correction which must be carried with the learner's permit. Notarization is not required.

**NAME CHANGE** - If you desire to use your birth name, you must present your state issued birth certificate with a raised seal. If your name changed by permission of court, you must present a Certified Copy of the Court Order. If you desire to use your spouse's surname, you must present your marriage certificate. If you desire to use another name, you must present your Social Security Card, together with 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, banking records, or baptismal certificate.

**To report errors on your driver's license relating to name, date of birth or social security number, please contact PennDOT's Customer Care Center at 717-412-5300.**

**If you are required to present supporting documentation to correct your record, all documents must be originals and presented in person at a PennDOT Driver License Center.**

- **For NAME corrections, you must present your state issued birth certificate with a raised seal, a Certified Copy of the Court Order or your marriage certificate.**
- **For DATE OF BIRTH corrections, you must present state issued birth certificate with raised seal.**
- **For SOCIAL SECURITY NUMBER corrections, you must present your Social Security Card.**

**\*Note: All name changes must be made in person at a Driver License Center. All documents must be original.**

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

#### 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.

**FRAUDULENTLY ALTERING, EXHIBITING OR LOANING YOUR LICENSE IS A SERIOUS CRIME. VIOLATORS ARE SUBJECT TO PROSECUTION AND CANCELLATION OF THEIR DRIVER'S LICENSE.**