

APPLICATION FOR CHANGE/CORRECTION/ REPLACEMENT OF IGNITION INTERLOCK LIMITED LICENSE (IILL)

Bureau of Driver Licensing • P.O. Box 68273 • Harrisburg, PA 17106-8273

	_					ECK APPL		_									
	REPLACEMENT (DUPLICATE) Complete Sections A, B, D, (C if applicable)																
	CURRENT IGNITION INTERLOCK LIMITED LICENSE (Type or print information)																
Α	LAST NAME J					JR. ETC. FIRST NAME					MIDDLE NAME						
	DATE OF BIRTH (must be listed) LICENSE NUMBER								LICENSE EXPIRATION DATE				TELEPHONE NUMBER (between 8:00 a.m 4:30 p.m				
	Month	Day	Year	LICENSE NUMBER				Month	Day	Year	TELER	HONE N	JIMBER (betv	veen 8:0	JU a.m 4:3	U p.m.)	
	APPLICATION FOR REPLACEMENT (Check one)					REASON FOR REPLACEMENT (Check one)											
	* REGULAR CAMERA CARD					LOST MUTILATED / DAMAGE							(No Fee - Must be Notarized)				
	☐ PHOTO LICENSE					STOLEN CORRECTION / CHAN						(1	101 66 - 10	iust be	e Notalize	eu)	
	Pennsylvania strongly supports organ and tissue donation because of its life-saving and life-enhancing opportunities.																
	ORGAN DONOR DESIGNATION: ADD (Parental consent required if under 18 - MUST BE NOTARIZED) REMOVE																
В	THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct) ADDRESS CHANGE																
	STREET ADDRESS: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address. See below if using an out-of-state address.																
	CITY					STATI					(if not PA see below) 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.																
	OUT-OF-STATE ADDRESS CHANGE. Drivers license products cannot be issued 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 PA State Employment Relationship to person meeting exemption (check one): Dependent Child																
	NAME CHANGE Reason for Change: (Please note all name changes must be done in person with original documents) Marriage Divorce Other (see reverse side)																
	LAST NAME					JR. ETC. FIRST NAME					MIDDLE NAME						
	OTHER CHANGES: EYE COLOR					DATE OF BIRTH (must be listed)						HEIGHT					
	MIIST D	E COM	DI ETEN	IE ADDI ICANT IS LINDS	D THE AC	E OE 19 A DD	OL VING 5	OP OP	GAN DO	NOD DEG	ICN V.	TION					
С	MUST BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18 APPLYING FOR ORGAN DONOR DESIGNATION												41 1				
0	I hereby certify that I am Parent, Guardian, Person in Loco Parentis or 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.												, that				
D	ACKNOWLEDGEMENT *AFFIDAVIT: This section must be												he.				
	For Veterans wishing to add the Veterans Designation to their Driver's License: I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license.										notarized when applying for replacement of a Camera Card. You are entitled to a free						
	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 confirm that I have received notice of the provisions of Section 3709 of the Vehicle Code.										replacement ONLY if this application is completed within 90 days of the original date of issuance and the original was never						
	I wish to voluntarily contribute \$3.00 to the Organ Donation Awareness Trust Fund. If checked here, include the \$3.00 in the total fees entered in the Fee block.										received due to loss in the mail. SUBSCRIBED AND SWORN TO BEFORE ME:						
	the \$5.00 in the total fees entered in the Fee block.										MO.		DAY		YEAR	_	
	SIGN HERE APPLICANT'S SIGNATURE IN INK DATE 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 one year											Signature of Person Administering Oath					
	(18 PA C.S., Section 4904 [b]). PAID BY: Debit/Credit Card Check Money Order Payable to PennDOT (PennDOT Driver License Centers do not accept cash.)									S E A L	SIGN IN PRESENCE OF NOTARY						

REPLACEMENT DUE TO:	FEE	ITEM(S) SENT
Lost Camera Card	\$5.00 \$11.00 with Motorcycle	Camera Card
Lost License	\$40.50 \$46.50 with Motorcycle	Duplicate License
Mutilated/Damaged	\$40.50 \$46.50 with Motorcycle	Duplicate License
Correction/Change	\$40.50 \$46.50 with Motorcycle	Duplicate License
Never Recieved	Free if application is completed within 90 days of the original date of issuance	Replacement License

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 D.

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.

NAME CHANGE - If you desire to use your birth name, you must present a copy of 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.

If you find your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to the address shown below. After a duplicate is issued, the original license is no longer valid.

Once you have completed the application, send a check or money order made payable to PennDOT for the exact amount you owe along with the application, and any other required documents to:

PennDOT • Bureau of Driver Licensing • Restorations unit, Ignition Interlock Limited License • P.O. Box 68273 • Harrisburg, PA 17106-8273

Note: The Department is required to obtain the Licensee's height and eye color under the provisions of the Pennsylvania Vehicle Code. This information will be used for identification purposes in an attempt to minimize driver license fraud.

PROVISIONS OF SECTIONS OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or 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.