

Code. (See back for provisions)

SIGN HERE

NON-COMMERCIAL LEARNER'S PERMIT APPLICATION

YOU MUST APPLY IN PERSON

(DATE)

LAST N	AME (S	S)																						JR.	/ETC	
FIRST NAME MIDDLE NAME																										
																		L								
MONTH		ATE OF BIRTH HEIGHT SOCIAL SECURITY NUMBER TELEPHONE NUMBER (8:00 A.M 4:30 P.M DAY YEAR FEET INCHES									М.)) EMAIL ADDRESS														
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EYE COLOR (Please check one): BLUE BROWN GREEN HAZEL PINK BLACK GRAY DICHROMATI											TIC	C OTHER														
SEX/GENDER DESIGNATION STATEMENT											110	/														
											wis	sh the	gender de	signatio	n on my	Driv	er's Licens	se/ID	Card to r	ead:	Male (M)	П	Female (F)	Nor	n-Binary/	Other (>
	certify purpos		r penalty		RINT I			or th	e selecte	d gen	der designa	ation to	appear c	n my Dr	ver's Li	ense	e/ID Card	accu	rately refl	ects my	 √ gender ider	ntity a	nd is not for	any fraud	dulent or	other
TREE	r addi	RESS	- A Post	Office Bo	ох пи	ımbei	may b	e us	ed only in	addit	ion to the ac	ctual sti	reet addre	ss. CI	Υ							s	TATE	ZIP CC	DE	
PE	RMI	T(S)	DESI	RED	: 0	HE	CK	E	SIRED	PEF	RMIT(S)												FEE	ENTER ITEM C	FEE FO	R EACH
	CLAS	SS A	(Combi	nation	Veh	nicle	over	26,	000), [c	LASS B	(Truc	k or Bus	over	6,000	OF	₹ □ C	LAS	SS C (Au	utomo	bile)		\$6.00			
	CLAS	SS M	1 (Moto	rcycle) M:	SEA	Fee	is i	include	d													\$18.00			
LIC	ENS	SE F	REQU	IRED): N	vi U S	ST CI	ΗE	CK ON	E													FEE	ENTER	FEE FO	R
П	4-Yea	ar Dı	river's L	icens	e																		\$39.50			
Ħ	2-Yea	ar Dı	river's L	icens	e (A	\ae	65 &	Ov	er)														\$27.50			
_						_				to th	ne Organ	Dons	ation Aw	aranas	e True	Fu	nd (ODT	ΓΕ\ 2	and/or th	ne Vet	terans' Tru	et Fi		ENTER	FEE FO	R
Frust Fund Contribution(s) - If you wish to contribute to the Organ Donation Awareness Trust Fund (ODTF) and/or the Veterans' Trust Fund (VTF) ENTER FEE FOR CONTRIBUTIONS HERE CONTRIBUTIONS HER											S HERE															
	\$3.00	to th	ne Orga	n Dona	atior	n Tri	ust Fu	ınd	(ODTF)	\$5	5.00 to	o the Ve	terans	Trust	Fun	d (VTF)									
PAID	BY:		Debit/C	redit	Car	ď		Che	eck	М	oney Or	der	-	le to Pet cash.	nnDO	(Pe	ennDOT I	Driv	er Licen	se Cei	nters do no	ot ·	TOTAL	\$		
ALL	QU	ES1	rions	MUS	ST	BE	ANS	SW	/EREI)										(Check [v		oplicable	Block) YE	S NO
I. Ha	ve vo	ou ev	er held	or po	sse	sse	d a D	rive	er's Lice	ense	(DL)/Lea	arner	's Perm	it (LP)	'Photo	lde	entificati	ion (Card (II) D) froi	m PA or a	nv o	ther state	?		1 [
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1 1				_					_	natio		Driv	er's Lice	nse or	ID Ca	d: I	certify ur	nder	penalty	of law	that I am a	a qua	lified applic	ant and	d hereby	y reque
	Pare	nt G	uardiar	Con	sen	t Fo	orm (DL	-180TD). (4		s 18											st check o			
that	this int	forma	ation cor	ntained	l her	ein i	s true	and	correct	. I he	reby auth	orize	the Soci	al Secu	rity Adı	ninis	stration to	o rel	ease to	the De	epartment o	of Tra	her state. Insportation	inform	ation co	ncern

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]).

(APPLICANT'S SIGNATURE IN INK)

FOR OFFICIAL USE ONLY													
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.)													
Specify: If seizure disorder, date of last seizure:													
Impairment or Amputation of an appendage. 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) CHECK ONE:M.DD.OC.R.N.PP.AD.C.													
PROVIDER'S NAME SPECIALTY STATE LICENSE #													
070557 4000500	OIT)	Pediatrics	TOTATE TUD CODE										
STREET ADDRESS 160 E. Erie Ave	CITY	Dhiladalphia	STATE PA	ZIP CODE									
TELEPHONE		Philadelphia	PA	19134									
(215) 427-5985		(215) 427-6014											
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 Sign	ature	Physical Date									
VISION SCREENING	CHECK (✓												
Combined vision is 20/40 or better		. 🔲 🔲	COMPLETE ALL ITEMS Uncorrected Corrected										
Report of Eye Examination (attached)		. 🗆 🗆	20/	Right Eye 20/									
Qualified Without Restrictions			20/	Left Eye 20/									
Qualified With Restrictions			20/ R	Both Eyes 20/ L Fields R L									
Corrective Lenses Other:													
COMPLETED E	BY DRIVER	R LICENSE EXAMINER ONLY											
EXAMI This is to certify that the above applicant has applied for and passed the exam		IVER CERTIFICATION	vor's Liconeo										
DATE OF ISSUE:	mation for the	eabove class(es) for a Pennsylvania Driver's License. EXAM CENTER:											
MONTH DAY YEAR													
		(SIGNATURE OF EXAMINER) (DLE NO.)											
TO MEET IDENTIFICATION REQUIREMENTS YOU M	UST PRE	· · · · · · · · · · · · · · · · · · ·	EXAMINER)	(DLE NO.)									
U.S. Citizens -		Non-U.S. Citizens – You must bring ALL of the following:											
Social Security Card (must be original) AND ONE of following:	the	Original USCIS/immigration documents indicating current lawful immigration status											
Birth Certificate with raised seal (U.S. issued by an		Valid Passport, dependent on status											
authorized government agency, including U.S. territorie Puerto Rico.) No other birth documents will be acce		Social Security Card or SSA ineligibility letter (must be original; card cannot be laminated)											
 Certificate of U.S. Citizenship (BCIS/INS Form N-56 	0)	(Please note: Documents must be original, photo copies will not be											
Certificate of Naturalization (BCIS/INS Form N-550 of the Communication (BCIS/INS Form N-550 of the Communica	-	accepted.)											
 Valid U.S. Passport (Only valid U.S. Passports and documents will be accepted.) 	l original	To obtain detailed information regarding "identity/residency requirements," you can:											
NOTE: If you have an Out-of-State Driver's License, you s present it along with your Social Security Card and		Visit <u>www.dmv.pa.gov</u> and Enter Search Term "Pub-195NC," and review required documents; or											
the above forms.		Contact us at 717-412-5300. TTY callers - please dial 711 to reach us.											

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.)