



# MOTORCYCLE LEARNER'S PERMIT

## APPLICATION TO ADD/EXTEND/REPLACE/CHANGE/CORRECT

## APPLICANT MUST APPEAR IN PERSON

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

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

If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? ☐ YES ☐ NO  
If you are not a registered voter, you may contact your county voter registration office.

**NAME CHANGE** 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

CORRECTION OF DATE OF BIRTH

MONTH DAY YEAR

HEIGHT

FEET INCHES

SOCIAL SECURITY NUMBER

### C AUTHORIZATION AND CERTIFICATION

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 \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).
- ☐ I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse).

**SIGN  
HERE**

SIGN IN PRESENCE OF NOTARY

DATE

<b>FEE PAID</b> Send check in this amount	<b>\$ 10.00</b>
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(See Reverse Side for Fees)

**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)).

### 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			
<b>S E A L</b>	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)

The most current version of this form can be found at: [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

## APPLICANT INFORMATION

**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

1. All applicants must complete Sections A, B (if applicable), and C.
2. Notarization is required **IF** applicant is under the age of 18.
3. Section E **MUST** be completed if applicant is under the age of 18.
4. **Take** your completed and signed application, along with your \$10.00 check or money order payable to "PennDOT" 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. For the location nearest you, please visit our Web site at: [www.dmv.state.pa.us](http://www.dmv.state.pa.us).
  - If your non-commercial license is due to expire within six (6) months, complete a Non-Commercial Driver's License/Identification Card/Learner's Permit Application to renew/replace/change/correct (DL-901).
  - If your commercial license is due to expire within six (6) months, complete form DL-143CD (Renewal of a Commercial Driver's License).

## CHANGE OR CORRECTION

1. **Name Change** - If your name changed by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of your Social Security Card (or records), together with copies of documents from 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, or state issued Birth Certificate.
2. IF THE DATE OF BIRTH on driver's license is incorrect, please bring your official birth certificate.
3. IF SOCIAL SECURITY NUMBER is incorrect, please bring your Social Security card.

**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.

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

## 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.**