**pennsylvania** DEPARTMENT OF TRANSPORTATION

# COMMERCIAL DRIVER'S LICENSE APPLICATION TO DUPLICATE/CORRECT

Federal Regulation requires CDL holders to provide in person proof of citizenship or Legal Presence. For more information please see back of form.

Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17109-8272

| Α   | A PLEASE READ IMPORTANT INFORMATION ON THE BACK. YOU MUST COMPLETE ALL PARTS OF SECTION A.   |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
|---|--|---------------|------------------|---|---------------|---|---------------------------|-----------------|---|--|---|----------------|----------------------------|
|   |  |               | LAST NAME        |   |               | JR/ETC.   |                           |                 |   |  |   |                |                            |
|   |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| FIRST NAME  |  |               |                  |   |               | MIDDLE NAME   |                           |                 |   |  |   |                |                            |
|   |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| DATE OF BIRTH TELEPHONE NUMBER (8:00 A.   |  |               |                  |   |               | -4:30 P.M.)   |                           |                 |   | E-MAIL ADDRESS                                       |   |                |                            |
| Mor   | nth Day  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| B APPLICATION FOR DUPLICATE (Check One)   |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| CDL Learner's Permit and/or Knowledge Test Authorization  |  |               |                  |   |               | DUPLICATE REQUIRED DUE TO:                                    |                           |                 |   |  | ORGAN D   | ONOR DE        | SIGNATION                  |
| CDL Camera Card (If checked, form MUST BE NOTARIZED)  |  |               |                  |   |               | Mutilated Change of Address                                   |                           |                 |   |  | Pennsylvania strongly supports organ and tissue donation because of its life-saving |                |                            |
| CDL Photo License   |  |               |                  |   |               | Correction  |                           |                 |   |  | and life-enhancing opportunities.   |                |                            |
| School Bus Driver Endorsement Card  |  |               |                  |   |               | Other     Other     Never Received (MUST BE NOTARIZED - № Fee |                           |                 |   |  |   |                |                            |
| C   | C CHANGE OR CORRECTION ONLY (Important information on reverse side)  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| A   | DDRESS (   | CHANGE        |                  | f Address must be p                           |               |   |                           |                 |   |  |   | on to the actu | ual residence              |
| address, but cannot be used as the only address. See reverse if using an out-of-state address. STREET ADDRESS   |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| CIT   | CITY STATE ZIP CODE  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| lf y  | If you are a registered voter in PA, would you like us to notify your county voter registration office of this change?   |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| If you are not a registered voter, you may contact your county voter registration office.   |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| N.  | AME CHA  | NGE (Ple      | ase note all na  | ame changes must be d                         | lone in perso | on with origi   | nal document              | s) REA          | ASO   | N: MARRIA  | GE DIVOR  |                | OTHER<br>see reverse side) |
| LAS   | ST NAME  |               |                  |   | JR., ETC.     | FIRST NAI   | ME                        |                 |   |  | MIDDLE NAM  | 1E             |                            |
| 01  | THER CHA   | NGES          |                  |   |               |   |                           |                 |   |  |   |                |                            |
|   | E COLOR (Plea  |               | e): BLU          | BROWN   | GREEN         | HAZEL   | PINK                      | BLA             | ск  | GRAY   |   | OTHER          |                            |
|   | CORRECTION OF DATE OF BIRTH  |               |                  |   |               | IEIGHT  |                           | DROP PRIVILEGE: |   |  |   |                |                            |
|   | MONTH DAY YEAR   |               |                  | FE  | FEET INCHE    |   |                           | Class M         |   |  | Hazmat  | Endorsement    |                            |
|   | No person  | may hold      | more than        | one valid license                             | at any tim    | e If vou  | have a lice               | onse fr         | rom   | another state  | do not use this   | s form YOU     | MUST go                    |
| D   |  |               |                  | n Center to surren                            |               |   |                           |                 |   |  |   |                |                            |
|   | ST BE  | YES           | NO - Is yo       | ur driver's license                           | or driving    | g privilege   | e suspend                 | ed or r         | revo  | ked in this sta                                      | te or any othe  | r state?       |                            |
|   |  | YES           |                  | ou have any pend                              |               |   |                           |                 |   |  |   |                | may carry a                |
|   | ALL MUST<br>ANSWERE  | ves, give     |                  | sible penalty of sur<br>Date                  | •             |   | ation of you<br>and Reaso |                 | er s  | license or an  | ving privilege?   |                |                            |
| E   |  |               |                  |   |               |   |                           |                 |   | THIS SE  | CTION MUST  | BE NOTA        | RIZED                      |
| AUTHORIZATION AND CERTIFICATION     For Veterans wishing to add the Veterans Designation to their Driver's License or ID Card:  |  |               |                  |   |               |   |                           | AF              | AFFADAVIT: This section must be notarized when applying for replacement (duplicate)   |  |   |                |                            |
|   | I certify under p  | enalty of law | / that I am a qu | alified applicant and here                    | eby request i | t be added to   |                           | Co              | Commercial License or Camera Card. You are entitled to a free replacement ONLY if this application is completed within 90 days of the original date of issuance and the |  |   |                |                            |
|   | I understand that misrepresentation will result in the cancellation of my driver's license.<br>I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the |               |                  |   |               |   |                           |                 |   | original was never received due of loss in the mail. |   |                |                            |
| Social Security Administration to release to the Department of Transportation inform<br>Security Identification Number for the purpose of identification. If using a Messenger SC<br>Department to furnish them with the purpose of identification. |  |               |                  |   |               | ervice, I hereby authorize the                                |                           |                 | SUBSCRIBED AND SWORN  |  |   |                |                            |
| Department to furnish them with my driving record for the purpose of processing this form. I hereby acknowledge this<br>day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.)        |  |               |                  |   |               |   |                           |                 | TO BEFORE ME: MO DAY YEAR   |  |   |                |                            |
| I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund. (see reverse)       Signature of Person A         WARNING: Misstatement of fact   |  |               |                  |   |               |   |                           |                 | ature of Person Adm   | inistering Oath                                      |   |                |                            |
| I wish to contribute \$3.00 to the Veterans' Trust Fund. (see reverse)  |  |               |                  |   |               |   |                           |                 |   |  |   |                |                            |
| SIGN to 1 year (18 Pa C.S. Section 4904(b)).  |  |               |                  |   |               |   | IN PRESEN                 |                 | ΟΤΛΡΥ   |  |   |                |                            |
|   |  | IT'S SIGNA    | TURE IN INK      |   | (DATE)        |   |                           |                 | A   | SIGN   |   |                |                            |
| PAI   |  | heck          |                  | rder Payable to F<br>, credit or debit cards) | PennDOT       | TOTAL   |                           | '               | -   |  |   |                |                            |

### DL-80CD (12-17)

| <b>OUT-OF-STATE ADDRESS CHANGE.</b> 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   |  |  |  |  |  |
| • 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  |  |  |  |  |  |

- 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 E.
- Return your completed and signed application with your check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.
- If your license is due to expire within six (6) months, complete form DL-143CD (Renewal of a Commercial Driver's License).
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, PO Box 68615, Harrisburg, PA 17106-8615. After the duplicate is issued, the original license is no longer valid.

| DUPLICATE FEE SCHEDULE                                     |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| NEVER RECEIVED   | Application for a duplicate camera card or a product never received, the form <u>must be notarized</u> . Fees will apply if more than 90 days from date issued.   |  |  |  |  |  |  |
| LEARNER'S PERMIT AND/OR<br>KNOWLEDGE TEST<br>AUTHORIZATION | FEE \$5.00 <b>NOTE:</b> Permit expiration date will remain the same. If your Learners Permit expires within 15 days, you will be required to purchase an extension using a DL-31CD. <b>NOTE:</b> If extending or upgrading your permit, you must surrender your existing permit.  |  |  |  |  |  |  |
| CDL CAMERA CARD  | FEE: \$5.00 if photo was not taken with the original camera card and this form <b>must be notarized</b> . <i>If license is endorsed with a Class M, the fee is \$10.00</i> and this form <b>must be notarized</b> .   |  |  |  |  |  |  |
| CDL<br>PHOTO LICENSE                                       | <ul> <li>FEE: \$29.50 - The Bureau will issue one of the following: (this form <u>must be notarized</u>.)</li> <li>A camera card, which is a temporary Commercial Driver's License for 60 days, for the purpose of having a photo-image taken at a Photo Driver's License Center</li> <li>A Commercial Driver's License, complete with the applicant's most recent photo-image <i>is endorsed with Class M, the fee is \$34.50</i> and this form <u>must be notarized</u>.</li> </ul> |  |  |  |  |  |  |
| SCHOOL BUS ENDORSEMENT                                     | NO FEE  |  |  |  |  |  |  |
| ORGAN DONATION<br>DESIGNATION                              | When you are adding or removing the Organ Donor designation a duplicate fee is required. Refer to fees above.   |  |  |  |  |  |  |
| ORGAN DONATION<br>AWARENESS TRUST<br>FUND (ODTF)           | You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to your payment.<br>You must also check the block provided to ensure proper handling of your contribution. The ODTF provides for the<br>development and implementation of donor awareness programs and funds shall be appropriated subject to the approval of<br>the Governor.  |  |  |  |  |  |  |
| VETERANS' TRUST<br>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.   |  |  |  |  |  |  |

**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 OF ADDRESS - FEDERAL REGULATIONS HAVE CHANGED: All CDL holders must prove U.S. Citizenship or legal presence and residency. If you are requesting a change of address you must provide one of the following residency documents. To determine if you must appear in person please contact our customer call center at 717-412-5300.

#### TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT ONE OF THE FOLLOWING

- Tax Records
- Lease Agreements
   Mortgage Documents

• W-2 Form (do not mail)

• Current Weapons Permit (U.S. Citizen only)

• Current Utility Bills (water, gas, electric, cable, etc.)

--The proof of residency documents must have your name and official Pennsylvania street address on it.--

## ALL DOCUMENTS PRESENTED AT A DRIVER LICENSE CENTER MUST BE ORIGINAL.

#### 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.