



APPLICATION FOR RENEWAL OF COMMERCIAL DRIVER'S LICENSE

A DRIVER INFORMATION Type or Print All Information

DRIVER'S LICENSE NUMBER			LAST NAME				JR./ETC
FIRST NAME			MIDDLE NAME				
DATE OF BIRTH		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)		E-MAIL ADDRESS	
MONTH	DAY	YEAR	()				
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.							
STREET ADDRESS							
CITY					STATE	ZIP CODE	
					PA		
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If you are not a registered voter, you may contact your county voter registration office.							

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

NAME CHANGE REASON: MARRIAGE DIVORCE OTHER (see reverse side)

LAST		JR., ETC.	FIRST NAME		MIDDLE NAME
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OTHER CHANGES

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

CORRECTION OF DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER		DROP PRIVILEGE:		SEX	
MONTH	DAY	YEAR	FEET	INCHES			<input type="checkbox"/> Class M <input type="checkbox"/> Hazmat Endorsement		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

C PLEASE COMPLETE EACH NUMBERED STATEMENT. If you have a hazardous material endorsement, to keep that qualification you must successfully complete the hazardous material knowledge test prior to renewing your license.

ALL MUST BE ANSWERED

- I certify that I drive a Commercial Vehicle and meet all the requirements contained in Federal Regulation 49 CFR Part 391 in:
 - Intrastate Operation Only (within PA) Interstate Operation
- I certify that I am not subject to any disqualification, suspension, revocation, or cancellation of my driving privilege.
- I certify that:
 - I do not have a driver's license from any other state or licensing jurisdiction.
 - I do hold a valid driver's license issued by another state or licensing jurisdiction. (If you check this block do not mail this application to PENNDOT. You must appear at a PA Driver License Center with your out-of-state Driver's License.)

D AUTHORIZATION AND CERTIFICATION (Sign and Enter Fee)

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. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form. 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).
 If checked here, include the additional \$1.00 in the amount entered in the Fee Paid block.

FEE PAID

Send Check In This Amount

See reverse side for fees

SIGN HERE _____
 APPLICANT'S SIGNATURE IN INK

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]).

MESSENGER NO.

The most current version of this form can be found at: www.state.pa.us
(keyword: DMV Forms)

INSTRUCTIONS

COMPLETE ALL OF Sections A, C, and D. Complete Section B only if you are changing 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.

CHANGE OR CORRECTION

1. IF NAME IS 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 a 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, attach a copy of your official birth certificate.
3. IF SOCIAL SECURITY NUMBER is incorrect, attach a copy of your Social Security card.

FEE INFORMATION

**YOUR DRIVER'S LICENSE CANNOT BE RENEWED MORE THAN 6 MONTHS BEFORE
YOUR CURRENT EXPIRATION DATE.**

RENEWAL FEES

CDL	\$ 66.00	CDL with Class M	\$86.00
CDL with H or X Endorsement	\$76.00	CDL with Class M and H or X Endorsement	\$96.00

Drivers age 65 and over have the option of requesting a driver's license valid for two years instead of four years.

Fees for this option are:

CDL	\$35.50	CDL with Class M	\$45.50
CDL with H or X Endorsement	\$45.50	CDL with Class M and H or X Endorsement	\$55.50

If you would like to contribute to the Organ Donation Awareness Trust Fund, add an additional \$1.00

ORGAN DONATION AWARENESS TRUST FUND (ODTF):

You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 must be added to the fees above and included in your payment by check/money order. You must also check the block provided in Section D 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.

◆ **Return your completed and signed application, along with your check or money order payable to "PENNDOT", to the Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

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

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.