

APPLICATION TO EXTEND AN OCCUPATIONAL LIMITED LICENSE (OLL)

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



Bureau of Driver Licensing
P.O. Box 68689
Harrisburg, PA 17106-8689

CURRENT OCCUPATIONAL LICENSE (Type or print information from current OLL)

| | | | | | | | | | |
|---|-----|-----------|------------|-------------------------|-------------|-----------|--|---------------------------------|----------|
| LAST NAME | | JR., ETC. | FIRST NAME | | MIDDLE NAME | | | | |
| DATE OF BIRTH (must be listed) | | | AGE | HEIGHT | | EYE COLOR | SEX | E-MAIL ADDRESS: (if applicable) | |
| Month | Day | Year | | Feet | Inches | | M | F | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LICENSE NUMBER | | | | LICENSE EXPIRATION DATE | | | TELEPHONE NUMBER (between 8:00 a.m. - 4:30 p.m.) | | |
| | | | | Month | Day | Year | | | |
| CURRENT STREET ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address. | | | | | | CITY | | STATE | ZIP CODE |
| EYE COLOR (Please check one): <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> OTHER _____ | | | | | | | | | |
| 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. | | | | | | | | | |

NEW OR CORRECT DATA-Complete this section if you desire to change or correct your address.

| | | | | | | | | | |
|---|--|--|--|--|--|--|-------|----------|--|
| This Area For CHANGE or CORRECTION ONLY | ADDRESS CHANGE: A Post Office Box number may be used in addition to the actual address, but cannot be used as the only address. See reverse if using an out-of-state address. | | | | | | | | |
| | NEW STREET ADDRESS: _____ | | | | | | | | |
| | CITY | | | | | | STATE | ZIP CODE | |
| | 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. | | | | | | | | |

LICENSE CLASS INFORMATION

Check the type of OLL currently issued to you.

 Non-Commercial
 Non-Commercial with Motorcycle

Fee: \$13.50

*Fee: \$18.50

* The additional \$5.00 fee is required by Act 31, of 1984, and is used to support a Motorcycle Safety Education Program in Pennsylvania.

ACKNOWLEDGMENT

I am asking for an extension of my OLL because of an additional suspension which was added to my driving record after I received my initial OLL.

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.

- I used a Messenger Service to assist me in completing this form. I authorize the Department to give this Messenger Service my driving record information.
- I wish to voluntarily contribute \$1.00 to the Organ Donation Awareness Trust Fund. If checked here, include the \$1.00 in the total fees entered in the Fee Paid block.

X

APPLICANT'S SIGNATURE IN INK

DATE

FEE
PAID

\$

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 (18 Pa C.S., Section 4904[b]).

(See Section C for fees)

INSTRUCTIONS FOR COMPLETING OLL EXTENSION APPLICATION

Carefully read and follow the instructions below to complete the Occupational Limited License Extension Application. The Application must be complete and accurate for your request to be considered.

1. **SECTION A** - Fill in all blocks using your current Occupational Limited License (OLL). Be sure to write the information exactly as it appears on your OLL. Please provide a daytime telephone number (between 8:00am and 4:30pm, Monday through Friday) where the PA Department of Transportation can reach you, if necessary, to get additional information to process your Application.
2. **SECTION B** - Complete this section if you desire to change or correct your address.

OUT-OF-STATE ADDRESS CHANGE. Driver 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.

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

3. **SECTION C** - Check a box to indicate the type, or class, of OLL currently issued to you.
4. **SECTION D** - Read this section before signing. Once you have read and understand the information, sign your name in ink on the line provided. Your application will be rejected if it does not include your signature. If you used a Messenger Service, such as an automobile club or notary public, to help you complete this form, place a check in the box provided. If you wish to voluntarily donate \$1.00 to the Organ Donation Awareness Trust Fund, place a check in the box provided.
5. Once you have completed the application, send it along with a check or money order to the address below. The check or money order should be for the exact amount you owe and made payable to the PennDOT.
6. When your application is approved by the Department, you will be sent a new Camera Card and Authorization Letter. Once you receive this Camera Card, take it to a Photo Driver's License Center to have your picture taken. A new OLL will be issued at that time. Begin using this new OLL immediately as the old OLL will no longer be valid. You should destroy your old OLL.

If you have any questions, please write to the PA Department of Transportation at the address below. In order to provide an immediate response, please include your daytime telephone number.

PA Department of Transportation
Bureau of Driver Licensing
OLL/PL Unit
P.O. Box 68689
Harrisburg, PA 17106-8689

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.