

**APPLICATION FOR CHANGE/CORRECTION/  
REPLACEMENT OF Occupational Limited License (OLL)  
OR PROBATIONARY LICENSE (PL)**



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

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

**CHECK APPLICABLE BOX**

**REPLACEMENT (DUPLICATE)** Complete Sections A, B, E, (D if applicable)       **CHANGE OR CORRECTION** Complete Sections A, B, C, E, (D if applicable)

**CURRENT OCCUPATIONAL LIMITED LICENSE OR PROBATIONARY LICENSE (Type or print information)**

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 <input type="checkbox"/> F <input type="checkbox"/>	
LICENSE NUMBER				LICENSE EXPIRATION DATE			TELEPHONE NUMBER (between 8:00 a.m. - 4:30 p.m.)	
				Month	Day	Year		
STREET ADDRESS: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address						CITY	STATE	ZIP CODE

**REASON FOR REPLACEMENT (Check one)**

Lost     Stolen     Never Received     Damaged     Change to Information     Add Organ Donor Designation     Delete Organ Donor Designation  
*(Parental consent required if under 18. See Section D)*

**THIS AREA IS FOR CHANGES OR CORRECTIONS ONLY - (Only fill in the information you want to change or correct)**

**ADDRESS CHANGE**

STREET ADDRESS: A P.O. 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.      CITY

STATE      ZIP CODE      TELEPHONE NUMBER (between 8:00 a.m. - 4:30 p.m.)

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**

LAST NAME			JR., ETC.	FIRST NAME			MIDDLE NAME
REASON FOR NAME CHANGE (See FEES Section on last page)							

**OPERATING HOUR CHANGE (Please attach a letter from your employer or school justifying your request. (PL ONLY))**

Requesting Change to Hours:     YES     NO      Please Change Hours To: (      ) AM (      ) PM

Reason for Change:     WORK     SCHOOL     OTHER

**VEHICLE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY) (maximum of five vehicles)**

	Add	Delete	Change	Year	Make	Model	License Plate Number	State
1								
2								
3								

**VEHICLE INSURANCE INFORMATION CHANGE (Attach additional sheets of paper, if needed) (PL ONLY)**

	Insurance Company Name	Policy Number	Effective Date	Expiration Date
1				
2				
3				

**Note: All vehicles you will drive must have a valid registration and insurance. Proof of Insurance must be sent for vehicles being added.**

OUT-OF-STATE ADDRESS CHANGE. Drivers 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.

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 Employment

Relationship to person meeting exemption (check one):     Spouse     Dependent Child

