



OUT-OF-STATE ADDRESS/ PHOTO EXEMPTION

Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17106-8272

Attach a letter from your employer on their letterhead to document your status, or a copy of your current Photo ID issued by your employer, or military personnel must provide a copy of military orders. 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.

| A DRIVER INFORMATION | | | | Type or Print All Information | | |
|---|---|--|--|--------------------------------|---------|--|
| DRIVER'S LICENSE NUMBER | | | LAST NAME | | JR/ETC. | |
| FIRST NAME | | | MIDDLE NAME | | | |
| DATE OF BIRTH | | TELEPHONE NUMBER (8:00 A.M. - 4:30 P.M.) | | E-MAIL ADDRESS (If Applicable) | | |
| MONTH | DAY | YEAR | | | | |
| Residential Address | A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. | | | | | |
| Mailing Address | | | | | | |
| This application will also serve as a request to update your voter registration unless you check this box: <input type="checkbox"/> | | | | | | |
| If you are not registered to vote, you will receive an application to register. You <u>must be a U.S. citizen</u> to register to vote in Pennsylvania. | | | | | | |
| B COMPLETE IF REQUESTING RESIDENCY EXEMPTION | | | | | | |
| 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: | | | | | | |
| <input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> Federal Government <input type="checkbox"/> Pennsylvania State Government | | | | | | |
| Relationship to person meeting exemption (check one): <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child | | | | | | |
| 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. | | | | | | |
| C COMPLETE IF REQUESTING EXEMPTION FROM HAVING YOUR PHOTO TAKEN | | | | | | |
| If you are a non-commercial driver and will be out of state for the entire next 60 days, complete and sign the following statement and submit with a completed DL-143 application. You will receive either a Camera Card with further instructions or a photo license (if name has not changed and a photo is on file). You must apply for a driver's license containing your photo within 45 days of your return. | | | | | | |
| STATEMENT: | | | | | | |
| I am a non-commercial driver and during the entire next 60 days I will be absent from the state for the following reason: | | | | | | |
| <input type="checkbox"/> Military <input type="checkbox"/> Work <input type="checkbox"/> Other _____ (attach supporting documentation) | | | | | | |
| NOTE: If you have already renewed your driver's license and received a photo camera card, you may request a free replacement photo exempt license by attaching the original signed photo camera card you recently received to this application. Otherwise, you have to apply for a duplicate using form DL-80 along with the required fee. | | | | | | |
| D AUTHORIZATION AND CERTIFICATION | | | | | | |
| I acknowledge that receiving a Pennsylvania Permit, License or ID card will cancel or invalidate any Permit, License or ID card from another state. I certify under penalty of law that all information given on this application is true and correct. 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. | | | | | | |
| SIGN HERE | | | 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).) | | | |
| (APPLICANT'S SIGNATURE IN INK) | | | | | | |

Please mail this completed form with any required document(s) to the address at the top right corner of this form.
The most current version of this form can be found at: www.dmv.pa.gov