



pennsylvania

DEPARTMENT OF TRANSPORTATION

DL-15 & DL-15A (12-10)

OCCUPATIONAL LIMITED LICENSE INSTRUCTIONS AND PETITION

What is an Occupational Limited License?

An Occupational Limited License (OLL) is a driver's license issued to a driver whose Pennsylvania driving privilege has been, or will be, suspended. An OLL authorizes driving a designated motor vehicle, under certain conditions, when it is necessary for the driver's occupation, work, trade, medical treatment or study. Based on your driving record and violations, the PA Department of Transportation will evaluate whether or not you are eligible for an OLL. But first, you must apply by completing the attached Occupational Limited License Petition (form DL-15).

To have continuous driving privileges, you must send your completed OLL Petition, check or money order, and Proof of Insurance(s) by **certified mail** to the PA Department of Transportation at least 20 days before your suspension begins. Within 20 days of receiving your Petition, the Department will inform you in writing whether or not you qualify for an OLL. Before an OLL can be issued, your current license must be surrendered to the Department.

If your Petition is received and approved, but the OLL has not been issued before your suspension begins, the Department will delay the start of your suspension for 15 days. They will issue an approval letter and a temporary license that is valid until the new suspension start date. Credit toward your suspension will begin upon the new effective date or later. During this 15 day delay, you need to send your current driver's license, by **certified mail**, to the address shown on the bottom of the Petition.

If you are already under suspension and do not have a valid license, complete and send the attached Petition with a check or money order made payable to PA Department of Transportation, and Proof of Insurance(s) by **certified mail** to the address shown at the bottom of the Petition. Within 20 days of receiving your Petition, the Department will inform you in writing whether or not you are eligible for an OLL.

If you are currently, or about to be suspended for any of these violations, you are not eligible for an OLL:

3345 - Passing a school bus	1533 or 6146 - Failure to respond to a citation
3367 - Racing on highways	1543 - Driving while suspended (possible exceptions)
3732 - Homicide by Vehicle	1547 - Refusal to submit to chemical testing (possible exceptions)
3733 - Fleeing a Police Officer	1786 - Failure to maintain financial responsibility
3734 - Driving without lights	ARD ordered suspension for DUI
3735 - Homicide by Vehicle/DUI	Controlled Substance, Drug, Device and Cosmetic Act Violations
3736 - Reckless Driving	Underage alcohol violations (possible exceptions)
3742 - Accidents involving death or injury	Any serious traffic offense
3743 - Leaving scene of an accident	Any violations relating to accidents and accident reports
3802 - Driving under the influence (possible exceptions)	

NOTE: You maybe issued only one (1) OLL every five (5) years. You may not apply for any permit, after the OLL has been issued.

INSTRUCTIONS FOR COMPLETING THE PETITION

Carefully read and follow the instructions below for completing the attached OLL Petition. The Petition must be complete and accurate for your request to be considered. Attach additional sheets of paper if needed.

- SECTION A** - Fill in all blocks. If you do not know your license number or expiration date, please leave those blocks blank. Provide a daytime telephone number (between 8:00 a.m. and 4:30 p.m. Monday through Friday) where the Department can reach you, if necessary, to get additional information to process your Petition.
Name Change - If your name 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 your 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.
- SECTION B** - Check only one box to indicate the type of Occupational Limited License you are applying for. Commercial drivers cannot get an OLL to drive a commercial vehicle. A commercial driver could be eligible for an OLL to drive a non-commercial vehicle to and from work or during work. A school bus cannot be driven by someone with an OLL.
- SECTION C** - List all vehicles (including rental vehicles) that you will drive between your home and work, school, or treatment facility and during work or school. For each vehicle that you list, give the year/make/model of the vehicle, the license plate number and state, the vehicle insurance company name, policy number, and the policy's effective and expiration dates. You must also send a copy (not the original) of one of the following documents, for each vehicle listed, as proof of financial responsibility/insurance along with the Petition:
 - (1) A financial responsibility/insurance identification card
 - (2) A copy of the declaration page from the insurance policy
 - (3) A copy of an application for insurance to the Pennsylvania Automobile Insurance Plan signed by a licensed insurance agent or broker

- (4) A certificate of self-insurance issued by the Pennsylvania Department of Transportation
- (5) A valid binder of insurance issued by an insurance agent or company licensed to sell motor vehicle liability insurance in Pennsylvania

If you drive more than one company-owned vehicle, you only need to send one copy of the company's financial responsibility/insurance identification card.

- 4. **SECTION D** - Provide the requested information for your employer, school, or treatment center, or any combination depending on where you need to drive. If you have more than one job, or attend more than one school, attach a piece of paper that lists the same information asked in this section for each additional job or school. You need to mark which job is W2, W3, etc. using the Destination Codes listed in Section E on this Petition. Please give a daytime telephone number (between 8:00 a.m. and 4:30 p.m., Monday through Friday) that the Department can call to confirm your Petition information or get additional information. Check the correct box to indicate if you are self-employed. If you are self-employed, send a copy of your 1099 form with the Petition.
- 5. **SECTION E** - Answer all questions in this section.
 - a. Check the reason you need an OLL (for work, school or treatment).
 - b. If you have a routine, daily driving schedule, indicate each destination, time of day, and the days of the week that the schedule applies. Examples have been given for you to follow. If needed, attach additional sheets of paper explaining your driving schedule.

If you do not have a routine driving schedule due to your job duties (such as self-employed, salespersons, delivery or truck drivers), include an explanation of the territory, or area, that you drive from and to along with your detailed explanation for an OLL. Be as specific as possible. You must list days and hours you work.
 - c. Write a detailed explanation of your need for an OLL. State why you cannot use public transportation, carpool with coworkers, or make other arrangements. If you are required to drive during work, include specific information about your job duties. It is not enough to write "I need to drive for my job." Your Petition will be rejected if this section is not completed.
- 6. **SECTION F** - Read this section before signing. Once you have read and understand the information, sign your name in ink on the line provided. Your Petition 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 the Petition, place a check in the box provided. If you want to donate \$1.00 to the Organ Donation Awareness Trust Fund, place a check in the box provided.
- 7. Once you have completed the Petition, review the Checklist to calculate the total dollar amount you must send. Before an OLL can be issued all fines, court costs, and restoration fees must be paid. Send a check or money order made payable to PA Department of Transportation for the exact amount you owe, along with the Petition, Proof of Insurance(s), and any other required documentation by certified mail to the PA Department of Transportation at the address shown on the back of the Petition.
- 8. **IMPORTANT:** You are required by law to complete a Limited License Affidavit and carry it with your Photo Limited License at all times. An Affidavit Form is attached to this petition. You may start the process of completing it while awaiting to receive your limited license camera card.

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

NOTE:

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.

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.

OCCUPATIONAL LIMITED LICENSE (OLL) PETITION



pennsylvania

DEPARTMENT OF TRANSPORTATION

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

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

DRIVER INFORMATION (Type or print information)

LAST NAME			JR., ETC. FIRST NAME			MIDDLE NAME					
DATE OF BIRTH (must be listed)		AGE	*HEIGHT		*EYE COLOR	SEX	LICENSE NUMBER		LICENSE EXPIRATION DATE		
MONTH	DAY	YEAR	FEET	INCHES		M <input type="checkbox"/> F <input type="checkbox"/>			MONTH	DAY	YEAR
TELEPHONE NUMBER (BETWEEN 8:00 AM - 4:30 PM)						E-MAIL ADDRESS (IF APPLICABLE)					
CURRENT STREET ADDRESS A Post Office Box number may be used in addition to the actual address, but cannot be used as the only address.							CITY	STATE	ZIP CODE		
HAVE YOU CHANGED YOUR NAME? LIST THE NAME(S) YOU HAVE USED IN THE PAST.											
REASON FOR NAME CHANGE: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see instructions)											
ADDRESS CHANGE - 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.							CITY	STATE	ZIP CODE		
NEW STREET ADDRESS								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.											

A

LICENSE CLASS INFORMATION

Check the type of OLL you are requesting. Non-Commercial Non-Commercial with Motorcycle

B

VEHICLE INFORMATION (Attach additional sheets, if needed)

	Year	Make	Model	License Plate Number	State
1.					
2.					
3.					
4.					
5.					

C

VEHICLE INSURANCE INFORMATION (Attach additional sheets, if needed)

	Insurance Company Name	Policy Number	Effective Date	Expiration Date
1.				
2.				
3.				
4.				
5.				

NOTE: All vehicles you will drive must have a valid registration and insurance. Proof of Insurance must be sent for all vehicles listed above.

EMPLOYER INFORMATION (W1)	SCHOOL INFORMATION (S1)	MEDICAL TREATMENT INFORMATION (T)
(Attach additional sheets if you have more than one job.) Company Name _____ Address _____ City _____ State _____ Zip _____ Supervisor's Name _____ Telephone Number of your immediate Supervisor: _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit proof of self-employment with OLL Petition by sending a copy of your 1099 form)	School Name _____ Address _____ City _____ State _____ Zip _____ Dean's Name _____ Telephone Number of your Dean: _____	Provider Name _____ Address _____ City _____ State _____ Zip _____ Contact Name _____ Telephone Number: _____

D

DRIVING SCHEDULE

Explain your need for an OLL and your daily driving schedule. If you have a routine driving schedule, complete the chart below using the Destination Codes listed to the left of the chart. Examples have been given for you to follow. If you do not have a routine driving schedule due to your job duties (such as salespersons, delivery and truck drivers), explain the territory or area you drive, along with the days and hours you work. For both routine and non-routine schedules, include a detailed explanation of your need for an OLL on the lines marked Detailed Explanation. (Attach additional sheets of paper, if needed.)

I need an OLL for: Work School Work and School Treatment

	Leave	Time	AM	PM	Arrive	Time	AM	PM	Mo	Tu	We	Th	Fr	Sa	Su
EXAMPLE	H	7:30	✓		W1	8:00	✓		✓	✓	✓	✓	✓		
	W1	5:00		✓	H	5:30		✓	✓	✓	✓	✓			

Destination Codes

- W1 = Primary Job
- W2 = Second Job
- W3 = Third Job
- S1 = School
- S2 = School other than S1
- H = Home
- T = Treatment

Detailed Explanation _____

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.

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

ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Petition is true and correct. **I understand that the \$50.00 Petition fee is non-refundable.** 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 contribute \$1.00 to the Organ Donation Awareness Trust Fund (See instructions)

**SIGN
HERE**

 APPLICANT'S SIGNATURE IN INK

 DATE

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]).

CHECKLIST

Did you remember to include the following fees on your check or money order?

1. Restoration Fee (required)
2. Renewal Fee and Application (contact Department for fees if your license is expired or will expire during your term of suspension) (required)
3. \$50.00 OLL Petition Fee (**non-refundable**) (required)
4. \$1.00 contribution to the Organ Donation Awareness Trust Fund (optional)
5. Submit Proof of Insurance for all vehicles listed on the Petition. (required)
6. \$ _____ **TOTAL AMOUNT DUE WITH PETITION**

SEND BY CERTIFIED MAIL TO:

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

LIMITED LICENSE AFFIDAVIT

FOR LAW ENFORCEMENT OFFICIALS: This Affidavit allows this person to drive the vehicle(s) listed during the stated times for work, school, or medical treatment.

**CARRY THIS AFFIDAVIT WITH YOUR LIMITED LICENSE AT ALL TIMES.
PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION**



DRIVER INFORMATION (Type or print information)													
LAST NAME				JR., ETC. FIRST NAME				MIDDLE NAME					
DATE OF BIRTH (must be listed)			AGE	*HEIGHT		*EYE COLOR	SEX	LICENSE NUMBER			LICENSE EXPIRATION DATE		
MONTH	DAY	YEAR		FEET	INCHES		M <input type="checkbox"/> F <input type="checkbox"/>				MONTH	DAY	YEAR
TELEPHONE NUMBER (BETWEEN 8:00 AM - 4:30 PM)							E-MAIL ADDRESS (IF APPLICABLE)						
CURRENT STREET ADDRESS A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address.							CITY			STATE	ZIP CODE		

VEHICLE INFORMATION					
	Year	Make	Model	License Plate Number	State
1.					
2.					
3.					
4.					
5.					

VEHICLE INSURANCE INFORMATION				
	Insurance Company Name	Policy Number	Effective Date	Expiration Date
1.				
2.				
3.				
4.				
5.				

DRIVING SCHEDULE INSTRUCTIONS	
List your daily driving schedule. If you have a routine driving schedule, complete the chart(s) using the Destination Codes listed to the left of the chart. If you do not have a routine driving schedule due to your job duties (such as salespersons, delivery and truck drivers), explain the territory or area you drive, along with the days and hours you work. For both routine and non-routine schedules, include a detailed explanation of your need for an OLL on the lines marked Detailed Explanation.	

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Supervisor's Name _____																																																																																																	
Telephone Number of your immediate Supervisor: _____																																																																																																	
Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																	
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SCHOOL DRIVING SCHEDULE

SCHOOL INFORMATION (S1)

(Complete additional affidavits if you attend more than one school)

School Name _____

Address _____

City _____

State _____ Zip _____

Dean's Name _____

Telephone Number of your Dean:

EXAMPLE

Leave	Time	AM	PM
H	7:30	✓	
W1	5:00		✓

Arrive	Time	AM	PM
W1	8:00	✓	
H	5:30		✓

Mo	Tu	We	Th	Fr	Sa	Su
✓	✓	✓	✓			
✓	✓	✓	✓			

Destination Codes
W1 = Primary Job
H = Home

Leave	Time	AM	PM

Arrive	Time	AM	PM

Mo	Tu	We	Th	Fr	Sa	Su

Detailed Explanation

SCHOOL ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

School Administrator Signature In Ink

Date

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TREATMENT DRIVING SCHEDULE

MEDICAL TREATMENT INFORMATION

Provider Name _____

Address _____

City _____

State _____ Zip _____

Contact Name _____

Telephone Number of Facility:

EXAMPLE

Leave	Time	AM	PM
H	7:30	✓	
W1	5:00		✓

Arrive	Time	AM	PM
W1	8:00	✓	
H	5:30		✓

Mo	Tu	We	Th	Fr	Sa	Su
✓	✓	✓	✓			
✓	✓	✓	✓			

Destination Codes
W1 = Primary Job
H = Home

Leave	Time	AM	PM

Arrive	Time	AM	PM

Mo	Tu	We	Th	Fr	Sa	Su

Detailed Explanation

MEDICAL PROVIDER ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

Provider Signature In Ink

Date

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ADDITIONAL EXPLANATIONS

ACKNOWLEDGMENT

I certify under penalty of law that all information given on this Affidavit is true and correct.

**SIGN
HERE**

Applicant's Signature In Ink

Date

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