



IGNITION INTERLOCK LIMITED LICENSE (IILL) PETITION

Bureau of Driver Licensing • P.O. Box 68273 • Harrisburg, PA 17106-8273

Please review the following pages for instructions on completing this petition

| DRIVER INFORMATION (Type or print information) | | | | | | | | | | |
|---|--------------------------------|------|----------------------|----------------------|--|-------------------------|----------------|-------------|--|--|
| LAST NAME | | | JR., ETC. FIRST NAME | | | | MIDDLE NAME | | | |
| A | DATE OF BIRTH (must be listed) | | LICENSE NUMBER | | | LICENSE EXPIRATION DATE | | | TELEPHONE NUMBER (BETWEEN 8:00 AM - 4:30 PM) | |
| | MONTH | DAY | YEAR | | | | MONTH | DAY | YEAR | |
| 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 below if using an out-of-state 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. | | | | | | | | | | |
| NAME CHANGE | | | | | | | | | | |
| B | LAST NAME | | | JR., ETC. FIRST NAME | | | | MIDDLE NAME | | |
| REASON FOR NAME CHANGE (See Section B on instructions page) | | | | | | | | | | |
| <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (see instructions) | | | | | | | | | | |
| 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: | | | | | | | | | | |
| <input type="checkbox"/> US Armed Forces <input type="checkbox"/> Federal Government <input type="checkbox"/> PA State Employment Relationship to person meeting exemption (check one): <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child | | | | | | | | | | |
| VEHICLE INFORMATION (Attach additional sheets, if needed) | | | | | | | | | | |
| Check the type of IILL you are requesting. <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Non-Commercial with Motorcycle | | | | | | | | | | |
| C | Year | Make | | Model | | License Plate Number | | | State | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| VEHICLE INSURANCE INFORMATION (Attach additional sheets, if needed) | | | | | | | | | | |
| C | Insurance Company Name | | | Policy Number | | | Effective Date | | Expiration Date | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| NOTE: All vehicles to be operated must have a valid registration and motor vehicle insurance. Proof of insurance (copies only) must be sent for all vehicles listed above. | | | | | | | | | | |

ACKNOWLEDGMENT

I certify under penalty of law that all information given on this petition is true and correct. I certify under penalty of law that I have paid all fines and costs, or am currently on a payment plan, related to my suspension or revocation. I understand that the **\$65.00 Petition fee is non-refundable**. I confirm that I have received notice of the provisions of Section 3709 of the Vehicle Code.

- I wish to contribute \$3.00 to the Veterans' Trust Fund (VTF) (See instructions)
- I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (See instructions)
- For Veterans wishing to add the Veterans Designation to their Driver's License: I certify under penalty of law that I am a qualified applicant and hereby request it be added to my driver's license. I understand that misrepresentation will result in the cancellation of my driver's license.

**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. Duplicate license fee and DL-80 application or renewal license fee and DL-143 application (contact the department for fee amount if your license is expired or will expire within 6 months). **(Required)**
 2. Restoration fee. For amount, call 717-412-5300 (amount is listed in restoration requirements letter). **(Required)**
 3. Chemical test refusal restoration fee - one-half of the amount. For amount, call 717-412-5300. Chemical test refusal restoration fee must be paid by certified check or money order. **(Required if suspension is due to a chemical test refusal violation)**
 4. \$65.00 ILL Petition fee (non-refundable). **(Required)**
 5. \$3.00 contribution to the Veterans' Trust Fund. (Optional)
 6. \$1.00 contribution to the Organ Donation Awareness Trust Fund. (Optional)
- \$ _____ **TOTAL AMOUNT DUE WITH PETITION***
- *Checks or money orders should be made payable to the Pennsylvania Department of Transportation.

Did you remember to include the following documents?

1. Proof of insurance (copies only) for all vehicles listed in the petition. **(Required)**
2. Completed DL-9108SC Self-Certification Form. **(Required)**

SEND BY CERTIFIED MAIL TO:

PA Department of Transportation
Bureau of Driver Licensing
Restorations Unit
P.O. Box 68273
Harrisburg, PA 17106-8273

For questions, please write to the address listed above.

Note: the law requires the petition to be filed by certified mail (see 75 Pa.C.S. Section 1556(b)(1)). The petition should not be taken to a Driver License Center or Photo Center.

IGNITION INTERLOCK LIMITED LICENSE

What is an Ignition Interlock Limited License?

An Ignition Interlock Limited License (IILL) is a driver's license issued to a driver whose Pennsylvania driving privilege has been suspended or revoked for one or more violations of driving under the influence of alcohol or a controlled substance or refusal to submit to chemical testing. An IILL permits an individual to operate motor vehicles equipped with a functioning ignition interlock system.

For information regarding IILL eligibility, please visit the department's website at www.dmv.pa.gov/Information-Centers/Suspensions. Certain violations can make you ineligible for an IILL. Once you decide to apply, you must do so by completing the attached Ignition Interlock Limited License Petition (form DL-9108).

You must send your completed IILL Petition, all fees, and required documents listed in the checklist by certified mail to the PA Department of Transportation. Within 20 days of receiving your petition, the department will process it and inform you in writing whether you are eligible for an IILL. Please allow up to an additional 7 days to receive the letter. Note: Petitions must be sent by certified mail.

Before an IILL can be issued, your current license must be surrendered to the department. If your license has expired or you are not in possession of your license, you must submit an acknowledgement of suspension (DL-16LC form).

INSTRUCTIONS FOR COMPLETING THE PETITION

Carefully read and follow the instructions below for completing the attached IILL Petition. The petition must be complete and accurate for your request to be considered.

1. **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 PennDOT can reach you, if necessary, to get additional information to process your petition.
2. **SECTION B - Name Change** - If you desire to use your birth name, you must present a copy of your state issued birth certificate with a raised seal. If your name was changed by permission of court, you must present a Certified Copy of the Court Order. If you desire to use your spouse's surname, you must present your marriage certificate. If you desire to use another name, you must present your Social Security Card, together with 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. All additional documents for this section must be notarized copies.
3. **SECTION C** - Check only one box to indicate the type of Ignition Interlock Limited License (IILL) you are applying for. Commercial drivers cannot obtain an IILL to drive a commercial vehicle. A commercial driver could be eligible for an IILL to drive a non-commercial vehicle. A school bus cannot be driven by someone with an IILL. List all vehicles to be operated. 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** - 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.

Veterans Designation: You have the opportunity to add the veterans designation to your driver's license, which clearly indicates you are a veteran of the United States Armed Forces. To qualify, you must have served in the United States Armed Forces, including a reserve component or the National Guard, and have been discharged or released from such service under conditions other than dishonorable. If you are requesting to add the veterans designation to your license, make sure you check the box at the top in Section D.

Veterans' Trust Fund (VTF): You have the opportunity to make a tax deductible contribution to the VTF. Your contribution will help support programs and projects for Pennsylvania veterans and their families. Since this additional \$3.00 is not part of the fee, please add the donated amount to your payment. Also, please check the proper block on the form to ensure your contribution is handled properly.

Organ Donation Awareness Trust Fund (ODTF): You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to your payment. You must also check the block provided 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.

Checklist: Once you have completed the petition in its entirety, please review the checklist at the bottom of the second page. In order to prevent any delays in processing your petition, it is very important that you send the correct fees, duplicate or renewal license application (if license is expired or will be expiring within 6 months), and required documentation. The restoration fees owed can be found on your restoration requirements letter. You can also obtain the amount by calling the department's Customer Care Center at 717-412-5300. The duplicate and renewal license fees will vary depending on the type of license and endorsements you hold. A list of the current duplicate and renewal license fees can be found on our website at www.dmv.pa.gov. Once you have reviewed the checklist and calculated the fees, send the petition, fees, and required documentation by certified mail to the PA Department of Transportation, Bureau of Driver Licensing, Restorations Unit, P.O. Box 68273, Harrisburg, PA 17106-8273.

DL-9108SC - Instructions for completing this form can be found on the back of the form.

If you have any questions, please write to the PA Department of Transportation, Bureau of Driver Licensing, Restorations Unit, P.O. Box 68273, Harrisburg, PA 17106-8273. In order to provide an immediate response, please include your driver's license number and daytime telephone number on your correspondence.

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.



pennsylvania
DEPARTMENT OF TRANSPORTATION

SELF-CERTIFICATION OF VEHICLE(S) TO BE OPERATED

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

THIS FORM IS TO BE RETURNED TO THE CUSTOMER ONCE COMPLETED.
SEE BACK OF THIS FORM FOR INSTRUCTIONS

A DRIVER INFORMATION

| | | | |
|--|--|-----------------------|----------|
| Name | | Driver License Number | |
| Address: <small>A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address.</small> | | City | State |
| | | | Zip Code |

B VEHICLE INFORMATION (List all vehicles to be operated)

| Plate # | Title # | VIN # | Year/Make |
|---------|---------|-------|-----------|
| | | | |
| | | | |
| | | | |

C STATEMENT OF VEHICLE(S) TO BE OPERATED (Complete statement)

I _____, hereby state that I will only operate the vehicle(s) listed in section B.

PLEASE PRINT NAME

I certify that all information given on this statement is true and correct, and hereby acknowledge that I understand the ignition interlock vendor is not responsible for determining my eligibility for an Ignition Interlock Limited License.

SIGNATURE IN INK

DATE

WARNING: Misstatement of facts is a misdemeanor of the third degree punishable by fine of up to \$2,500.00 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b))

D STATEMENT OF VENDOR (Complete statement)

| | | | |
|----------------|--|--------------|----------|
| Vendor Name | | Phone Number | |
| Vendor Address | | City | State |
| | | | Zip Code |

I _____, hereby state that an ignition interlock system was installed on the vehicle(s) listed in Section B on _____ date installed.

PRINT NAME

I certify that all information given on this statement is true and correct.

SIGNATURE IN INK

DATE

WARNING: Misstatement of facts is a misdemeanor of the third degree punishable by fine of up to \$2,500.00 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b))

CUSTOMER INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be completed when you are petitioning for an Ignition Interlock Limited License. The completed form is required to be submitted with your petition. **DO NOT CONTACT AN IGNITION INTERLOCK VENDOR TO INSTALL AN IGNITION INTERLOCK (II) SYSTEM UNTIL YOU HAVE RECEIVED AN OFFICIAL NOTICE OF SUSPENSION OR REVOCATION FROM THE DEPARTMENT.** In order for a vendor to install an II system, you must present them with your notice of suspension or revocation. For a list of approved vendors, go to the Pennsylvania DUI Association webpage at padui.org, and click on the Ignition Interlock Vendors link in the middle of the homepage. If you do not have access to the internet, please call the Pennsylvania DUI Association at 1-800-627-2384 for vendor information. All II systems are leased from the Installation Service Centers. After an ignition interlock system is installed, the vendor will complete Section D, make a copy of the form, and provide you with the original form.

SECTION A - DRIVER INFORMATION

List full name and driver number. You will find your driver number listed in your suspension or revocation notice and restoration requirements letter. You can also obtain your driver number by calling the department's Customer Care Center at 717-412-5300, or by visiting our website at www.dmv.pa.gov to obtain a restoration requirements letter.

SECTION B - VEHICLE INFORMATION

List all vehicles to be operated. The title #, tag #, VIN #, and make of vehicle can be found on the registration card. You will be required to show a valid registration and proof of motor vehicle insurance. For additional vehicles, please attach a separate listing to this form.

SECTION C - STATEMENT OF VEHICLES TO BE OPERATED

Complete this section by printing your name, signing your name, and dating. Misstatement of facts could result in fines and/or imprisonment.

VENDOR INSTRUCTIONS FOR COMPLETING THIS FORM

THIS FORM IS TO BE RETURNED TO THE CUSTOMER ONCE COMPLETED

SECTION D - STATEMENT OF THE VENDOR

This form should only be completed and an ignition interlock system installed if the customer presents their official notice of suspension or revocation from the department.

After the installation has been completed, complete Section D by listing the date the ignition interlock system was installed by the installation center, printing your name, signing your name, and dating. Once completed, the original form is to be returned to the customer. A copy of the completed form should be made and kept on file.

NOTE: Section D is to be completed by the vendor employees authorized by the department.