



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$ FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$ FEE
- 10 YEAR DRIVER RECORD: \$ FEE (Employment Purposes Only)

- FULL HISTORY: \$ FEE
- CERTIFIED DRIVER RECORD: \$ FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$ FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$ FEE

You may obtain a copy of your own 3 year, 10 year and/or Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY	
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small>	
CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED)	
RELATIONSHIP TO DRIVER (REQUIRED)	
SIGNATURE X	
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	

NAME/COMPANY	
ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small>	
CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED)	
RELATIONSHIP TO DRIVER (REQUIRED)	

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH		DRIVER NUMBER	
MONTH	DAY	YEAR	

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

- B = Driver Release (Driver must complete Section E.)
- C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)
- C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
- E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)
- R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
- K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).
- L = Attorney representing driver identified in Section C (Driver must complete Section E.)

E DRIVER RELEASE

I, _____ hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to _____

NAME OF DRIVER NAME OF PERSON/COMPANY

X SIGNATURE OF DRIVER DATE

I hereby Certify that _____ PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

X SIGNATURE OF REQUESTER

Title _____

F MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION
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- (see list of available documents below)
- Documents Available:**
- Citations
 - Court Certifications
 - Applications
 - License Renewals
 - Judgments
 - Suspension Credit Affidavits
 - Suspension/Revocation Letters
 - Restoration Letters
 - Rescind Letters
 - Department Hearing or Exam Notice

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X SIGNATURE OF PERSON ADMINISTERING OATH

NOTARIZATION

S E A L

SIGN IN PRESENCE OF NOTARY

MESSENGER NO.