

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

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: (Driver history is **not** included)
- 3 YEAR DRIVER RECORD:
- 10 YEAR DRIVER RECORD: (Employment Purposes Only)

- CERTIFIED DRIVER RECORD:
- COPY OF DOCUMENT FROM FILE (MICROFILM)
- CERTIFIED COPY OF DOCUMENT FROM FILE:

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
--------------------------------	--

NAME/COMPANY ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) () _____ RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) () _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
--	--

C DRIVER INFORMATION	D AFFIDAVIT OF INTENDED USE
-----------------------------	------------------------------------

SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> 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). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
--	--

NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER () _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">DATE OF BIRTH</th> <th colspan="7">DRIVER NUMBER</th> </tr> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE OF BIRTH			DRIVER NUMBER							MONTH	DAY	YEAR																		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.
DATE OF BIRTH			DRIVER NUMBER																												
MONTH	DAY	YEAR																													

E DRIVER RELEASE	X
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	_____ SIGNATURE OF REQUESTER Title _____

F MICROFILM	NOTARIZATION
TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below)	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X SIGNATURE OF PERSON ADMINISTERING OATH

Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	S E A L SIGN IN PRESENCE OF NOTARY
--	--

MESSENGER NO.