

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us
DO NOT SEND CASH



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

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$5.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

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
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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) _____	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) _____
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SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	D AFFIDAVIT OF INTENDED USE
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- Intended Use of the Information Requested: **CHECK ONLY ONE**
- B = Driver Release (Driver must complete Section E.)
 - C = Credit (In connection with a credit transaction involving the driver.)
 - 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.)

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL			
ADDRESS			
CITY			
STATE		ZIP CODE	
PHONE NUMBER			
DATE OF BIRTH		DRIVER NUMBER	
MONTH	DAY	YEAR	

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

F MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION
(see list of available documents below)	

- Documents Available:**
- Citations
 - Suspension Credit Affidavits
 - Court Certifications
 - Suspension/Revocation Letters
 - Applications
 - Restoration Letters
 - License Renewals
 - Rescind Letters
 - Judgments
 - Department Hearing or Exam Notice

Title _____

SUBSCRIBED AND SWORN	
TO BEFORE ME: _____	MONTH DAY YEAR

X _____
SIGNATURE OF PERSON ADMINISTERING OATH

S E A L	SIGN IN PRESENCE OF NOTARY
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MESSANGER NO. _____