



Please be advised that when requesting Pennsylvania DMV records for employment purposes, the End-user is required to have a Pennsylvania State release form signed by the prospective applicant/employee. This state release form must be fax to Verity Screening Solutions at 1-720-302-9105.

STATE SPECIFIC INFORMATION: PennDOT Form DL 503 (7-11)

1. Section A: Requestor Information (SOFTECH) – Pre Filled - DO NOT SIGN
2. Section B: End User Information (**employer info**)
3. Section C: Driver Information
 - Last Name, First Name
 - Complete Address Information
 - Driver's License Number
 - Date of Birth
4. Section D Intended Use – Pre Filled – DO NOT SIGN OR NOTARIZE
5. Section E: Driver Release
 - Driver Full Name
 - Name of Person/Company
 - Driver Signature and Date – Please have applicant/employee sign and date.
6. Section F: Microfilm – LEAVE BLANK

IMPORTANT:

The **PennDOT Form DL 503 (7-11)**:

1. Must be completed and faxed to Verity Screening at 1-720-302-9105 in order for the request to be filled.
2. **DO NOT SEND A FAX COVER SHEET**
3. Must be completed as directed and kept on file by the end-user/employer.

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: **\$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*)

- FULL HISTORY: **\$5.00 FEE**
- 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, 10 year and/or Full History Driving Record on PennDOT'S website at www.dmv.state.pa.us

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY ADDRESS CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
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SIGNATURE <u>X</u> NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>) <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. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>) <input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)
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C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	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. X _____ SIGNATURE OF REQUESTER
MONTH	DAY	YEAR					

E DRIVER RELEASE 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	Title _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X _____ SIGNATURE OF PERSON ADMINISTERING OATH
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F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION _____ (see list of available documents below)	Title _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X _____ SIGNATURE OF PERSON ADMINISTERING OATH
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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 	NOTARIZATION X _____ SIGNATURE OF PERSON ADMINISTERING OATH SEAL SIGN IN PRESENCE OF NOTARY
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MESSENGER NO.