

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

	IECK (✔) ONE ONLY: BASIC INFORMATION: \$14.00 FEE (Driver history is not included)			☐ FULL HISTORY: \$14.00 FEE☐ CERTIFIED DRIVER RECORD: \$44.00 FEE		
☐ 3 YEAR DRIVER RECORD: \$14.00 FEE			☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$14.00 FEE			
				CERTIFIED COPY OF DOCUMENT FROM FILE: \$44.00 FEE		
			riving Record on PennDOT'S website at www.dmv.pa.gov B END USER OF INFORMATION BEING REQUESTED			
Щ	REQUESTER INFORMATION NAME/COMPANY	B		MPANY		
			,			
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.	ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence				
	CITY STATE ZIP CODE	CITY	Y	STATE ZIP CODE		
	DAYTIME TELEPHONE NUMBER (REQUIRED)		DAYTIME TELEPHONE NUMBER (REQUIRED)			
	RELATIONSHIP TO DRIVER (REQUIRED)			SHIP TO DRIVER (REQUIRED)		
				FIDAVIT OF INTENDED USE		
	SIGNATURE X		Intended Use of the Information Requested: CHECK ONLY ONE			
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		☐ B = Driver Release (Driver must complete Section E.) ☐ C = Credit Business (Legitimate Business need in connection with a business			
С			transaction initiated by the driver.)			
	NAME: LAST FIRST INITIAL		 □ 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 orderNOTE: Filed copy 			
	ADDRESS					
	CITY					
	STATE ZIP CODE					
	NIONE WILLIAMS		of certificate prerequisite MUST accompany subpoena). L=Attorney representing driver identified in Section C (Driver must			
	PHONE NUMBER			complete Section E.)		
	DATE OF BIRTH DRIVER NUMBER	lh	I hereby Certify that			
	MONTH DAY YEAR	of	will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only			
E	DRIVER RELEASE		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			
	I hereby request	form aft		ter its completion, and I/We swear or affirm that the statements perein are true and correct, and that any statement made on or		
	NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to		pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include			
	NAME OF PERSON/COMPANY			ment of a fine not exceeding \$2,500, or to a term of imprisonment more than one year, or both.		
	X	X		more than one year, or beam		
-	SIGNATURE OF DRIVER DATE	^	SIGNATURE OF REQUESTER			
F	MICROFILM					
	TYPE OF DOCUMENT DATE OF VIOLATION	Tit	tle	SCRIBED AND SWORN		
				SCRIBED AND SWORN BEFORE ME: MONTH DAY YEAR		
	(see list of available documents below)	z	X			
	Documents Available:		_	SIGNATURE OF PERSON ADMINISTERING OATH		
	Citations Court Certifications Applications Applications Cicense Renewals Judgments Suspension Credit Affidavits Ignition Interlock Removal Letter Suspension/Revocation Letters Restoration Letters Rescind Letters Department Hearing or Exam Notice	NOTARIZATION	SEA			
	MESSENGER NO.		-			