

REQUEST FOR DRIVER INFORMATIONThe 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 17105-6695

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 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 <u>X</u> _____ NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED 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) _____												
C DRIVER INFORMATION NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE OF BIRTH			DRIVER NUMBER	MONTH	DAY	YEAR						D AFFIDAVIT OF INTENDED USE 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.) I hereby Certify that _____ <div style="text-align: right; font-size: small;">PRINTED NAME OF REQUESTER</div> 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 _____ <div style="text-align: right; font-size: small;">SIGNATURE OF REQUESTER</div> Title _____
DATE OF BIRTH			DRIVER NUMBER										
MONTH	DAY	YEAR											
E DRIVER RELEASE I _____ hereby request <div style="text-align: center; font-size: small;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center; font-size: small;">NAME OF PERSON/COMPANY</div> X _____ <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE OF DRIVER DATE </div>	F MICROFILM <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TYPE OF DOCUMENT</td> <td style="width:50%;">DATE OF VIOLATION</td> </tr> <tr> <td colspan="2" style="text-align: center;">(see list of available documents below)</td> </tr> </table> <div style="font-size: small;"> Documents Available: <ul style="list-style-type: none"> <li style="width: 50%;">• Citations <li style="width: 50%;">• Suspension Credit Affidavits <li style="width: 50%;">• Court Certifications <li style="width: 50%;">• Suspension/Revocation Letters <li style="width: 50%;">• Applications <li style="width: 50%;">• Restoration Letters <li style="width: 50%;">• License Renewals <li style="width: 50%;">• Rescind Letters <li style="width: 50%;">• Judgments <li style="width: 50%;">• Department Hearing or Exam Notice </div>	TYPE OF DOCUMENT	DATE OF VIOLATION	(see list of available documents below)									
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MESSENGER NO. _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">SUBSCRIBED AND SWORN</td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;">TO BEFORE ME:</td> <td style="text-align: center;">MONTH DAY YEAR</td> </tr> <tr> <td style="text-align: center;">X _____</td> <td style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">S E A L</td> <td style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	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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