## 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:				FULL HISTORY: \$5.00 FEE			
☐ BASIC INFORMATION: \$5.00 FEE (Driver history is not included) ☐ 3 YEAR DRIVER RECORD: \$5.00 FEE				☐ CERTIFIED DRIVER RECORD: \$10.00 FEE☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE			
	10 YEAR DRIVER RECORD: \$5.00 FEE	(Employment Purposes Only)		and the same of	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.							
Α	A REQUESTER INFORMATION				ND USER OF INFORMATION BEING REQUESTED		
	NAME/COMPANY		NAN	/E/CO	DMPANY		
	ADDRESS		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence				
	CITY STATE ZIP CODE			CITY STATE ZIP CODE			
	DAYTIME TELEPHONE NUMBER (REQUIRED)			D'AYTIME TELEPHONE NUMBER (REQUIRED)  RELATIONSHIP TO DRIVER (REQUIRED)			
			D AFFIDAVIT OF INTENDED USE				
	<b>v</b>		Intended Use of the Information Requested: CHECK ONLY ONE				
	SIGNATURE X			☐ B=Driver Release (Driver must complete Section E.)			
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			☐ C=Credit Business (Legitimate Business need in connection with a business			
С	DRIVER INFORMATION				transaction initiated by the driver.)		
	NAME: LAST FIRS	T 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.)		
	ADDRESS			☐ E=Employment (To support the hiring or the continuation of employment.  Driver must complete Section E.)			
	СІТУ			R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.			
	STATE ZIP CODE		■ 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).				
	PHONE NUMBER		L=Attorney representing driver identified in Section C (Driver must complete Section E.)				
	DATE OF BIRTH DRI	VER NUMBER	11	nereby	y Certify that		
	MONTH DAY YEAR				e the driver record abstract(s) required pursuant to Section 6114 Pennsylvania Vehicle Code, for the purpose checked above only		
Е	DRIVER RELEASE		a	nd no	o 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				
	Ihereby request the Department of Transportation to furnish a copy of my PA Driver's Record to NAME OF PERSON/COMPANY X						
			of a fine not exceeding \$5,000, or to a term of imprisonment of not more				
			than two years, or both.				
	SIGNATURE OF DRIVER	F DRIVER DATE		<u>X</u>			
F	MICROFILM		7		SIGNATURE OF REQUESTER		
	TYPE OF DOCUMENT	DATE OF VIOLATION	Ti	tle			
			To N	SUB	SSCRIBED AND SWORN		
				TOB	BEFORE ME: MONTH DAY YEAR		
	(see list of available documents below)		7	z X			
	Documents Available:		ō	SIGNATURE OF PERSON ADMINISTERING OATH  S E A SIGN IN PRESENCE OF NOTARY			
	Citations     Suspension Credit Affidavits     Court Certifications     Suspension/Revocation Letters		AT				
	· Applications · Restoration Le		RIZ	s			
	License Renewals     Rescind Letter	F0 7 5 5 11	TA	E			
	Judgments     Department He	earing or Exam Notice	S	A	SIGN IN PRESENCE OF NOTARY		
MESSENGER NO.					· · · · · · · · · · · · · · · · · · ·		