

DL-503 (8-08)

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 68895
Harrisburg, PA 17106-8895

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 _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ DRIVER NUMBER _____	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;">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.
E DRIVER RELEASE I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center;">NAME OF PERSON/COMPANY</div> SIGNATURE OF DRIVER <u>X</u> _____ DATE _____	SIGNATURE OF REQUESTER <u>X</u> _____ TITLE _____
F MICROFILM TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ (see list of available documents below) 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 	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ SIGNATURE OF PERSON ADMINISTERING OATH <u>X</u> _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTARIZATION SEAL SIGN IN PRESENCE OF NOTARY </div>
MESSENGER NO. _____	

Date/Time: Jan. 6. 2010 11:21AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1731 Memory TX	6108765386	P. 18	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 2) Busy
 E. 3) No answer
 E. 4) No facsimile connection
 E. 5) Exceeded max. E-mail size



PENNDOT EXPRESSWAY SERVICE PATROL
 DAILY LOG SHEET
 FREEWAY SURVEILLANCE & INCIDENT MANAGEMENT



PATROL ZONE
(CIRCLE ONE)
 95-1 95-2 95-3 300 76-1
 76-2 422 322 202 476-1 476-2

Tow Truck Number	
0	0

Month	Day	Year	AM Shift Start	AM Shift End	PM Shift Start	PM Shift End	LO Shift Start	LO Shift End
12	14	09	0900	1600	1600	0400		

Number	Vehicle Type Assisted	Reference #	Time	Type of Assistance
1	Start of shift coverage			
2				
3				
4				
5				
6				
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24				
25				

AM Driver Name Mike D PM Driver Name Ahmad
 ID Number _____ ID Number _____
 Break Time Out _____ Break Time Out _____
 Time In _____ Time In _____
 Location _____ Location _____