

REQUEST FOR DRIVER INFORMATIONThe most current version of this form can be found at www.dmv.state.pa.us**DO NOT SEND CASH**PA Department of Transportation • Bureau of Driver Licensing
P.O. Box 68695 • Harrisburg, PA 17106-8695**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK****SEE REVERSE FOR INSTRUCTIONS / INFORMATION**

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		B END USER OF INFORMATION BEING REQUESTED	
NAME/COMPANY		NAME/COMPANY	
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i>		ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i>	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) () _____		DAYTIME TELEPHONE NUMBER (REQUIRED) () _____	
RELATIONSHIP TO DRIVER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____	
SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		D AFFIDAVIT OF INTENDED USE	
C DRIVER INFORMATION		Intended Use of the Information Requested: CHECK ONLY ONE	
NAME: LAST	FIRST INITIAL	<input type="checkbox"/> B = Driver Release (Driver must complete Section E.)	
ADDRESS		<input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.)	
CITY		<input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)	
STATE	ZIP CODE	<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.	
PHONE NUMBER () _____		<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).	
DATE OF BIRTH	DRIVER NUMBER	<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	
MONTH DAY YEAR		I hereby Certify that _____ PRINTED NAME OF REQUESTER	
E DRIVER RELEASE		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.	
I _____ hereby request NAME OF DRIVER		<u>X</u> _____ SIGNATURE OF REQUESTER	
the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY		Title _____	
<u>X</u> _____ SIGNATURE OF DRIVER		_____	
DATE		_____	
F MICROFILM		SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR	
TYPE OF DOCUMENT	DATE OF VIOLATION	<u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH	
(see list of available documents below)		NOTARIZATION S E A L SIGN IN PRESENCE OF NOTARY	
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 			
MESSENGER NO.			