DL-503 (11-21)

pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

CHECK (✔) ONE ONLY:
- ❏ BASIC INFORMATION: **$12.00 FEE** *(Driver history is **not** included)*
- ❏ 3 YEAR DRIVER RECORD: **$12.00 FEE**
- ☑ 10 YEAR DRIVER RECORD: **$12.00 FEE** *(Employment Purposes Only)*

- ❏ FULL HISTORY: **$12.00 FEE**
- ❏ CERTIFIED DRIVER RECORD: **$38.00 FEE**
- ❏ COPY OF DOCUMENT FROM FILE (MICROFILM): **$12.00 FEE**
- ❏ CERTIFIED COPY OF DOCUMENT FROM FILE: **$38.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A | REQUESTER INFORMATION

NAME/COMPANY
Sterling

ADDRESS *P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.*
4511 Rockside Rd. 4th Floor

CITY **Independence** STATE **OH** ZIP CODE **44131**

DAYTIME TELEPHONE NUMBER *(REQUIRED)* **(800) 899-2272**

RELATIONSHIP TO DRIVER *(REQUIRED)* **3rd Party Vendor - Application Process**

SIGNATURE X_____

NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD

B | END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY
University of Pittsburgh

ADDRESS *(P.O. Box not acceptable), need to provide physical location of business/residence*
200 South Craig Street (Craig Hall)

CITY **Pittsburgh** STATE **PA** ZIP CODE **15260**

DAYTIME TELEPHONE NUMBER *(REQUIRED)* **(412) 648-7873**

RELATIONSHIP TO DRIVER *(REQUIRED)* **Employer**

C | DRIVER INFORMATION

NAME: LAST _____ FIRST _____ INITIAL _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE NUMBER _____

DATE OF BIRTH			DRIVER NUMBER
MONTH	DAY	YEAR	

E | DRIVER RELEASE

I _____ hereby request
NAME OF DRIVER
the Department of Transportation to furnish a copy of my PA Driver's
Record to_____
NAME OF PERSON/COMPANY

X_____
SIGNATURE OF DRIVER _____ DATE

F | MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION

(see list of available documents below)

Documents Available:
- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Ignition Interlock Removal Letter
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

MESSENGER NO.

D | AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: **CHECK ONLY ONE**

- ❏ **B = Driver Release** *(Driver must complete Section E.)*
- ❏ **C = Credit Business** *(Legitimate Business need in connection with a business transaction initiated by the driver.)*
- ❏ **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 order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena).*
- ❏ **L = Attorney** representing driver identified in Section C *(Driver must complete Section E.)*

I hereby Certify that_____
PRINTED NAME OF REQUESTER
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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding $2,500, or to a term of imprisonment of not more than one year, or both.

X_____
SIGNATURE OF REQUESTER

Title _____

NOTARIZATION

SUBSCRIBED AND SWORN
TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR

X_____
SIGNATURE OF PERSON ADMINISTERING OATH

S
E
A
L

SIGN IN PRESENCE OF NOTARY