

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

☐ 3 YEAR DRIVER RECORD: \$11.00 FEE ☐ 10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)					☐ FULL HISTORY: \$11.00 FEE ☐ CERTIFIED DRIVER RECORD: \$36.00 FEE ☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE ☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE				
You may obtain a copy of your own 3 year or 10 year Driv									
Α	REQUESTER INFORMATION					USER OF INFORMATION BEING REQUESTED			
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address. CITY STATE ZIP CODE			ME/	COMF	PANY			
				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)				DAYTIME TELEPHONE NUMBER (REQUIRED)				
	SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			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					
	DRIVER INFORMATION		transaction initiated by the driver.) C = Credit Potential Investor, Server or Current Insurer (In connection						
	NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER			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). L=Attorney representing driver identified in Section C (Driver must complete Section E.)					
	DATE OF BIRTH DRIVER NUMBER ONTH DAY YEAR		I hereby Certify that						
				will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only					
Е	DRIVER RELEASE			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					
	Ihereby request the Department of Transportation to furnish a copy of my PA Driver's Record to NAME OF PERSON/COMPANY X			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.					
	SIGNATURE OF DRIVER DATE		<u> </u>	SIGNATURE OF REQUESTER					
F	MICROFILM					SIGNATORE OF REQUESTER			
	TYPE OF DOCUMENT	DATE OF VIOLATION	Ti	itle					
						CRIBED AND SWORN			
	see list of available documents below)			H		FORE ME: MONTH DAY YEAR	R		
	Documents Available:				X				
				l٦	$\overline{}$	SIGNATURE OF PERSON ADMINISTERING OATH			
				l	S				
• Suspension Credit Affidavits MESSENGER NO.			NOTARIZATION		A L	SIGN IN PRESENCE OF NOTARY			
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