Fill Out Highlighted Information



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

	BASIC INFORMATION: \$9.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$9.00 FEE 10 YEAR DRIVER RECORD: \$9.00 FEE (Employment Purposes Only)			☐ FULL HISTORY: \$9.00 FEE ☐ CERTIFIED DRIVER RECORD: \$32.00 FEE ☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE			
* * * * * * * * * * * * * * * * * * * *					CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE		
		own 3 year, 10 year and/or	_		g Record on PennDOT'S website at www.dmv.pa.gov		
A	REQUESTER INFORMATION NAME/COMPANY		B		ND USER OF INFORMATION BEING REQUESTED OMPANY		
	TO THE POSITION OF THE PROPERTY OF THE PROPERT		14741	VIL/OC	O.M. / AVI		
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.			ADDRESS (P.O. Box not acceptable), need to provide physical location of business/tesidence			
	CITY	STATE ZIP CODE		CITY STATE ZIP CODE			
	DAYTIME TELEPHONE NUMBER (REQUIRED)			DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED) D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE			
	signature X			_	B = Driver Release (Driver must complete Section E.)		
	NOTARIZATION <u>NOT</u> REQUIRED WHEN REQU	ESTING YOUR OWN RECORD			C = Credit Business (Legitimate Business need in connection with a busines		
С	DRIVER INFORMATION				transaction initiated by the driver.)		
	NAME: LAST FIRST	Γ INITIAL		_	C = Credit Potential Investor, Server or Current Insurer (In connectio with an assessment of the credit/payment risks associated with an existing cred obligation.)		
	ADDRESS			■ 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).			
	CITY						
	STATE ZIP CODE						
	PHONE NUMBER			L=Attorney representing driver identified in Section C (Driver must complete Section E.)			
	DATE OF BIRTH DRIVER NUMBER MONTH DAY YEAR		I hereby Certify that				
Ε	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			
	hauah		form after its completion, and I/We swear or affirm that the statements				
	Ihereby request			made herein are true and correct, and that any statement made on or			
	the Department of Transportation to furnish a copy of my PA Driver's Record to		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				
	X				two years, or both.		
	SIGNATURE OF DRIVER DATE		SIGNATURE OF REQUESTER				
F	MICROFILM				SIGNATURE OF REQUESTER		
	TYPE OF DOCUMENT	DATE OF VIOLATION	Ti	itle _			
					JBSCRIBED AND SWORN		
				10	D BEFORE ME: MONTH DAY YEAR		
	(see list of available documents below)			X	(
	Documents Available: • Citations • Suspension Credit Affidavits • Court Certifications • Suspension/Revocation Letters • Applications • Restoration Letters • License Renewals • Rescind Letters • Judgments • Department Hearing or Exam Notice		19	=	SIGNATURE OF PERSON ADMINISTERING OATH		
			NOTARIZATION	S	E CION IN PRESENCE OF NOTARY		
MESSENGER NO.							