



# 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](http://www.dmv.pa.gov)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">SIGNATURE <b>X</b> _____</td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST _____</td> <td>FIRST _____ INITIAL _____</td> </tr> <tr> <td colspan="2">ADDRESS _____</td> </tr> <tr> <td colspan="2">CITY _____</td> </tr> <tr> <td>STATE _____</td> <td>ZIP CODE _____</td> </tr> <tr> <td colspan="2">PHONE NUMBER _____</td> </tr> <tr> <td colspan="2">(      )</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH   DAY   YEAR</td> <td>                   </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2">I _____ hereby request</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>NAME OF DRIVER</small></td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>NAME OF PERSON/COMPANY</small></td> </tr> <tr> <td colspan="2"><b>X</b> _____</td> </tr> <tr> <td style="text-align: center;"><small>SIGNATURE OF DRIVER</small></td> <td style="text-align: center;"><small>DATE</small></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT _____</td> <td>DATE OF VIOLATION _____</td> </tr> <tr> <td colspan="2"><small>(see list of available documents below)</small></td> </tr> <tr> <td colspan="2"><b>Documents Available:</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </td> </tr> </table>	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 <b>X</b> _____		NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		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		<small>NAME OF DRIVER</small>		the Department of Transportation to furnish a copy of my PA Driver's Record to _____		<small>NAME OF PERSON/COMPANY</small>		<b>X</b> _____		<small>SIGNATURE OF DRIVER</small>	<small>DATE</small>	F MICROFILM		TYPE OF DOCUMENT _____	DATE OF VIOLATION _____	<small>(see list of available documents below)</small>		<b>Documents Available:</b>		<ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> </ul>	<ul style="list-style-type: none"> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: <b>CHECK ONLY ONE</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)</td> </tr> </table> <p>I hereby Certify that _____</p> <p style="text-align: right;"><small>PRINTED NAME OF REQUESTER</small></p> <p>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.</p> <p><b>X</b> _____</p> <p style="text-align: right;"><small>SIGNATURE OF REQUESTER</small></p> <p>Title _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">SUBSCRIBED AND SWORN</td> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH _____</td> <td>DAY _____</td> <td>YEAR _____</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>X</b> _____</td> <td style="width:50%; text-align: center;"><small>SIGNATURE OF PERSON ADMINISTERING OATH</small></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="width:100%;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">NOTARIZATION</td> <td style="font-size: 2em; font-weight: bold; text-align: center;">S E A L</td> <td style="font-weight: bold; text-align: center;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table> </div>	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) _____		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>		<input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)		<input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)		<input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)		<input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)		<input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.		<input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)		SUBSCRIBED AND SWORN				TO BEFORE ME:	MONTH _____	DAY _____	YEAR _____	<b>X</b> _____	<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>	NOTARIZATION	S E A L	SIGN IN PRESENCE OF NOTARY
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 <b>X</b> _____																																																																																																						
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																																																																						
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																																																																																																						
<small>NAME OF DRIVER</small>																																																																																																						
the Department of Transportation to furnish a copy of my PA Driver's Record to _____																																																																																																						
<small>NAME OF PERSON/COMPANY</small>																																																																																																						
<b>X</b> _____																																																																																																						
<small>SIGNATURE OF DRIVER</small>	<small>DATE</small>																																																																																																					
F MICROFILM																																																																																																						
TYPE OF DOCUMENT _____	DATE OF VIOLATION _____																																																																																																					
<small>(see list of available documents below)</small>																																																																																																						
<b>Documents Available:</b>																																																																																																						
<ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> </ul>	<ul style="list-style-type: none"> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>																																																																																																					
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) _____																																																																																																						
D AFFIDAVIT OF INTENDED USE																																																																																																						
Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>																																																																																																						
<input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)																																																																																																						
<input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)																																																																																																						
<input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)																																																																																																						
<input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)																																																																																																						
<input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.																																																																																																						
<input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)																																																																																																						
SUBSCRIBED AND SWORN																																																																																																						
TO BEFORE ME:	MONTH _____	DAY _____	YEAR _____																																																																																																			
<b>X</b> _____	<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>																																																																																																					
NOTARIZATION	S E A L	SIGN IN PRESENCE OF NOTARY																																																																																																				

MESSANGER NO. \_\_\_\_\_