

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

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	IECK (V) ONE ONLY: BASIC INFORMATION: \$14.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$14.00 FEE		☐ FULL HISTORY: \$14.00 FEE☐ CERTIFIED DRIVER RECORD: \$44.00 FEE☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$14.00 FEE			
				,		
_	10 YEAR DRIVER RECORD: \$14.00 FEE (Employment Purposes Only)			CERTIFIED COPY OF DOCUMENT FROM FILE: \$44.00 FEE		
	You may obtain a copy of your own 3 year or 10 year	_				
Α	REQUESTER INFORMATION	В		END USER OF INFORMATION BEING REQUESTED		
	NAME/COMPANY	NAI	ME/C	COMPANY		
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.	ADI	DRE	SS (P.O. Box not acceptable), need to provide physical location of business/residence		
	CITY STATE ZIP CODE	CIT	Υ	STATE ZIP CODE		
	YTIME TELEPHONE NUMBER (REQUIRED)			DAYTIME TELEPHONE NUMBER (REQUIRED)		
	RELATIONSHIP TO DRIVER (REQUIRED)	REL	RELATIONSHIP TO DRIVER (REQUIRED)			
ľ		Ы	D AFFIDAVIT OF INTENDED USE			
		_	Intended Use of the Information Requested: CHECK ONLY ONE			
	SIGNATURE X					
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			☐ B = Driver Release (Driver must complete Section E.) ☐ C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)		
С	DRIVER INFORMATION	4		C=Credit Potential Investor, Server or Current Insurer (In connec-		
	NAME: LAST FIRST INITIAL			tion with an assessment of the credit/payment risks associated with an existing credit obligation.)		
	ADDRESS		■ E = Employment (To support the hiring or the continuation of employment. <i>E</i> must complete Section E.)			
	CITY	insure, now insures, or has rejected for in		R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.		
	STATE ZIP CODE		☐ 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 orderNOTE: Filed copy of certificate prerequisite MUST accompany subpoena).			
	PHONE NUMBER		☐ L=Attorney representing driver identified in Section C (Driver must complete Section E.)			
	DATE OF BIRTH DRIVER NUMBER	-	here	eby Certify that		
	MONTH DAY YEAR	1	.:II ,	PRINTED NAME OF REQUESTER		
				use the driver record abstract(s) required pursuant to Section 6114 e Pennsylvania Vehicle Code, for the purpose checked above only		
Е	DRIVER RELEASE			no other reason. This affidavit is filed in compliance with Section		
بطا	DRIVER RELEASE		607 of the Fair Credit Reporting Act. I/We have read and signed this			
	I hereby request			form after its completion, and I/We swear or affirm that the statements		
	the Department of Transportation to furnish a copy of my PA Driver's Record to			made herein are true and correct, and that any statement made on or		
				suant to this form is subject to the penalties 18 Pa.C.S. tion 4904(b) (relating to unsworn falsifications), which shall include		
				shment of a fine not exceeding \$2,500, or to a term of imprisonment		
		of not more than one year, or both.				
	SIGNATURE OF DRIVER DATE	-1 5	(
		┨╧		SIGNATURE OF REQUESTER		
F	MICROFILM					
	TYPE OF DOCUMENT DATE OF VIOLATION	T	itle .			
			SI	UBSCRIBED AND SWORN		
			TO	O BEFORE ME: MONTH DAY YEAR		
	(see list of available documents below)		l、			
	Documents Available:	NOTARIZATION		X		
	Oitations Ignition Interlock Removal Letter		Iг	SIGNATURE OF PERSON ADMINISTERING OATH		
	Court Certifications Suspension/Revocation Letters					
	Applications Restoration Letters Rescind Letters			S		
	Judgments Department Hearing or Exam Notice	ΙĚ	ш.	E		
	Suspension Credit Affidavits	18	Ш	A SIGN IN PRESENCE OF NOTARY		
	MESSENGER NO.					