



# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**DO NOT SEND CASH**

**PRINT OR TYPE ALL INFORMATION LEGIBLY**

**SEE REVERSE FOR INSTRUCTIONS / INFORMATION**

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)
- 3 YEAR DRIVER RECORD: **\$5.00 FEE**
- 10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: **\$10.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b> 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 <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY _____ ADDRESS <small>(PO Box not acceptable), need to provide physical location of business/residence</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____																																				
<b>C DRIVER INFORMATION</b> NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER ( ) _____ DRIVER NUMBER _____ <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="3">DATE OF BIRTH</th> <th colspan="9">SOCIAL SECURITY NUMBER</th> </tr> <tr> <td>MONTH</td><td>DAY</td><td>YEAR</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	DATE OF BIRTH			SOCIAL SECURITY NUMBER									MONTH	DAY	YEAR																						<b>D AFFIDAVIT OF INTENDED USE</b> 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</b> (In connection with a credit transaction involving the driver.) <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.)  I hereby Certify that _____ <p style="text-align: right; margin-right: 20px;"><small>PRINTED NAME OF REQUESTER</small></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.  <u>X</u> _____ <p style="text-align: right; margin-right: 20px;"><small>SIGNATURE OF REQUESTER</small></p> Title _____
DATE OF BIRTH			SOCIAL SECURITY NUMBER																																		
MONTH	DAY	YEAR																																			
<b>E DRIVER RELEASE</b> I _____ <p style="text-align: center;"><small>NAME OF DRIVER</small></p> hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <p style="text-align: center;"><small>NAME OF PERSON/COMPANY</small></p> <u>X</u> _____ <p style="text-align: center;"><small>SIGNATURE OF DRIVER</small></p> DATE _____	<b>F MICROFILM</b> TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ _____ (see list of available documents below) <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> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>																																				
<b>NOTARIZATION</b>																																					
SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR <u>X</u> _____ <p style="text-align: center;"><small>SIGNATURE OF PERSON ADMINISTERING OATH</small></p> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; font-weight: bold;">S E A L</p> <p style="text-align: center; font-weight: bold;">SIGN IN PRESENCE OF NOTARY</p> </div>																																					

MESSANGER NO.