



Pennsylvania
Department of Transportation

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: **\$15.00 FEE** (Driver history is **not** included)
☐ 3 YEAR DRIVER RECORD: **\$15.00 FEE**
☐ 10 YEAR DRIVER RECORD: **\$15.00 FEE** (Employment Purposes Only)

- ☐ FULL HISTORY: **\$15.00 FEE**
☐ CERTIFIED DRIVER RECORD: **\$46.00 FEE**
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$15.00 FEE**
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$46.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.pa.gov/dmv

A REQUESTER INFORMATION NAME/COMPANY <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>ADDRESS 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 END USER OF INFORMATION BEING REQUESTED NAME/COMPANY <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence</small> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____																
C DRIVER INFORMATION NAME: LAST FIRST INITIAL <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	MONTH	DAY	YEAR														D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> 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 --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> <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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.</p> X <div style="text-align: right;">SIGNATURE OF REQUESTER</div> Title _____
MONTH	DAY	YEAR															
E DRIVER RELEASE I <div style="border: 1px solid black; height: 20px; width: 100%;"></div> hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: right;">NAME OF PERSON/COMPANY</div> X <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE OF DRIVER</div> <div>DATE</div> </div>	F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION _____ (see list of available documents below) Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); background-color: #ccc; padding: 5px; font-weight: bold; margin-right: 5px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">SUBSCRIBED AND SWORN</div> <div style="width: 90%;">TO BEFORE ME: MONTH DAY YEAR</div> </div> <div style="margin-top: 10px;"> X <div style="text-align: right;">SIGNATURE OF PERSON ADMINISTERING OATH</div> </div> <div style="margin-top: 20px; text-align: center;"> <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">S E A L</div> <div style="text-align: center;">SIGN IN PRESENCE OF NOTARY</div> </div> </div> </div> </div>																	

MESSANGER NO.