



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

<b>A REQUESTER INFORMATION</b>		<b>B END USER OF INFORMATION BEING REQUESTED</b>	
NAME/COMPANY   <small>REMEMBER P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small>		NAME/COMPANY   <small>REMEMBER P.O. Box not acceptable, need to provide physical location of business/residence</small>	
CITY _____ STATE _____ ZIP CODE _____		CITY _____ STATE _____ ZIP CODE _____	
DAYTIME TELEPHONE NUMBER (REQUIRED) _____		DAYTIME TELEPHONE NUMBER (REQUIRED) _____	
RELATIONSHIP TO DRIVER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____	
<b>C SIGNATURE X</b>  NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD			
<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 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 --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)  I hereby Certify that _____ <small>PRINTED NAME OF REQUESTER</small>			
<b>C DRIVER INFORMATION</b> NAME: LAST _____ FIRST _____ INITIAL _____  ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____  DATE OF BIRTH _____ / DRIVER NUMBER _____ MONTH DAY YEAR _____			
<b>E DRIVER RELEASE</b> I  NAME OF DRIVER _____ hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY _____ X SIGNATURE OF DRIVER _____ DATE _____  <b>F MICROFILM</b> 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> <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>NOTARIZATION</b> X <small>SIGNATURE OF PERSON ADMINISTERING OATH</small>  S E A L  SIGN IN PRESENCE OF NOTARY			
<b>MESSENGER NO.</b>			