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				
	ECK (🗸) ONE ONLY: BASIC INFORMATION: \$11.00 FEE (Drive 3 YEAR DRIVER RECORD: \$11.00 FEE 1 0 YEAR DRIVER RECORD: \$11.00 FEE	(Employment Purposes Only)) CO	ERT DPY	IFIED DRIVER OF DOCUMEN CERTIFIED C	RY: \$11.00 FEE RECORD: \$36.00 FE IT FROM FILE (MICF OPY OF DOCUMEN [®]	ROFILM): \$11.0 T FROM FILE: \$	\$36.00 FEE	
		riving Record on PennDOT'S website at www.dmv.pa.gov							
Δ				B END USER OF INFORMATION BEING REQUESTED					
	NAME/COMPANY			NAME/COMPANY					
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address. CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED)			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					
	SIGNATURE X			Intended Use of the Information Requested: CHECK ONLY ONE					
	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								
	NAME: LAST FIRS	T INITIAL				ential Investor, Server sment of the credit/payment			
	ADDRESS			E=Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)					
	CITY			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 order).					
	PHONE NUMBER			L=Attorney representing driver identified in Section C (Driver must complete Section E.)					
	DATE OF BIRTH DRIVER NUMBER			I hereby Certify that					
	MONTH DAY YEAR			PRINTED NAME OF REQUESTER					
				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.					
Е	DRIVER RELEASE								
	Ihereby request								
	NAME OF DRIVER								
	the Department of Transportation to furnish a copy of my PA Driver's Record to								
	NAME OF PERSON/COMPANY								
	Х				two years, or b	000			
	SIGNATURE OF DRIVER DATE			<		SIGNATURE OF REQUE	STER		
F	MICROFILM								
	TYPE OF DOCUMENT DATE OF VIOLATION		Ti	Title SUBSCRIBED AND SWORN					
			TO BEFORE ME: MONTH DAY YEAR						
	(see list of available documents below)			h	/				
	Documents Available:			<u> </u>		IGNATURE OF PERSON ADM			
			NOTARIZATION		S E A	SIGN IN PRESENC			

SambaSafety Account #