



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at 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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">SIGNATURE <u>X</u> _____</td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY _____		ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____		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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS <i>(PO Box not acceptable), need to provide physical location of business/residence</i> _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY _____		ADDRESS <i>(PO Box not acceptable), need to provide physical location of business/residence</i> _____		CITY _____	STATE _____ ZIP CODE _____	DAYTIME TELEPHONE NUMBER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____																			
A REQUESTER INFORMATION																																															
NAME/COMPANY _____																																															
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____																																															
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 _____																																															
ADDRESS <i>(PO Box not acceptable), need to provide physical location of business/residence</i> _____																																															
CITY _____	STATE _____ ZIP CODE _____																																														
DAYTIME TELEPHONE NUMBER (REQUIRED) _____																																															
RELATIONSHIP TO DRIVER (REQUIRED) _____																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST _____</td> <td>FIRST _____ INITIAL _____</td> </tr> <tr> <td colspan="2">ADDRESS _____</td> </tr> <tr> <td colspan="2">CITY _____</td> </tr> <tr> <td>STATE _____</td> <td>ZIP CODE _____</td> </tr> <tr> <td colspan="2">PHONE NUMBER () _____</td> </tr> <tr> <td colspan="2">DRIVER NUMBER _____</td> </tr> <tr> <td colspan="2">DATE OF BIRTH _____</td> </tr> <tr> <td colspan="2">SOCIAL SECURITY NUMBER _____</td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST _____	FIRST _____ INITIAL _____	ADDRESS _____		CITY _____		STATE _____	ZIP CODE _____	PHONE NUMBER () _____		DRIVER NUMBER _____		DATE OF BIRTH _____		SOCIAL SECURITY NUMBER _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> B = Driver Release (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td colspan="2"><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).</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2">I hereby Certify that _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2">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.</td> </tr> <tr> <td colspan="2"><u>X</u> _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	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 (In connection with a credit transaction involving the driver.)		<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).		<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)		I hereby Certify that _____		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.		<u>X</u> _____		SIGNATURE OF REQUESTER		Title _____	
C DRIVER INFORMATION																																															
NAME: LAST _____	FIRST _____ INITIAL _____																																														
ADDRESS _____																																															
CITY _____																																															
STATE _____	ZIP CODE _____																																														
PHONE NUMBER () _____																																															
DRIVER NUMBER _____																																															
DATE OF BIRTH _____																																															
SOCIAL SECURITY NUMBER _____																																															
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 (In connection with a credit transaction involving the driver.)																																															
<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).																																															
<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)																																															
I hereby Certify that _____																																															
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.																																															
<u>X</u> _____																																															
SIGNATURE OF REQUESTER																																															
Title _____																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2">I _____ hereby request</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF PERSON/COMPANY</td> </tr> <tr> <td><u>X</u> _____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">SIGNATURE OF DRIVER</td> <td style="text-align: center;">DATE</td> </tr> </table>	E DRIVER RELEASE		I _____ hereby request		NAME OF DRIVER		the Department of Transportation to furnish a copy of my PA Driver's Record to _____		NAME OF PERSON/COMPANY		<u>X</u> _____	_____	SIGNATURE OF DRIVER	DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT _____</td> <td>DATE OF VIOLATION _____</td> </tr> <tr> <td colspan="2">(see list of available documents below)</td> </tr> <tr> <td colspan="2"> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice </td> </tr> </table>	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 • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																									
E DRIVER RELEASE																																															
I _____ hereby request																																															
NAME OF DRIVER																																															
the Department of Transportation to furnish a copy of my PA Driver's Record to _____																																															
NAME OF PERSON/COMPANY																																															
<u>X</u> _____	_____																																														
SIGNATURE OF DRIVER	DATE																																														
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 • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">NOTARIZATION</td> <td> SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> S E A L SIGN IN PRESENCE OF NOTARY </div> </td> </tr> </table>		NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> S E A L SIGN IN PRESENCE OF NOTARY </div>																																												
NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> S E A L SIGN IN PRESENCE OF NOTARY </div>																																														

MESSANGER NO. _____

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if Block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 P.O. BOX 68695
 HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 1101 SOUTH FRONT STREET 3RD FLOOR
 HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.
 (\$5.00 fee)

3 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

10 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.
 (\$10.00 fee)

MICROFILM
 DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
 (\$5.00 fee)

CERTIFIED COPY
 OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.
 (\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our Web site at www.dmv.state.pa.us and click on "Online Business Services" for more information.