

# 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)

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

**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: **\$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*)

- FULL HISTORY: **\$5.00 FEE**
- 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, 10 year and/or Full History Driving Record on PennDOT'S website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b>	<b>B END USER OF INFORMATION BEING REQUESTED</b>
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NAME/COMPANY ADDRESS CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY 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) _____
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<b>C DRIVER INFORMATION</b>	<b>D AFFIDAVIT OF INTENDED USE</b>
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NAME: LAST FIRST INITIAL 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: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR				<b>Intended Use of the Information Requested: CHECK ONLY ONE</b> <input type="checkbox"/> <b>B = Driver Release</b> ( <i>Driver must complete Section E.</i> ) <input type="checkbox"/> <b>C = Credit Business</b> ( <i>Legitimate Business need in connection with a business transaction initiated by the driver.</i> ) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> ( <i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i> ) <input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Driver must complete Section E.</i> ) <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. ( <i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i> ) <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver must complete Section E.</i> )  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 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.</p> X _____ <div style="text-align: right;">SIGNATURE OF REQUESTER</div>
MONTH	DAY	YEAR					

**E DRIVER RELEASE**

I \_\_\_\_\_ hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to \_\_\_\_\_

NAME OF DRIVER  
NAME OF PERSON/COMPANY

X \_\_\_\_\_  
SIGNATURE OF DRIVER DATE

**F MICROFILM**

TYPE OF DOCUMENT	DATE OF VIOLATION
(see list of available documents below)	

**Documents Available:**

- Citations
- Suspension Credit Affidavits
- Court Certifications
- Suspension/Revocation Letters
- Applications
- Restoration Letters
- License Renewals
- Rescind Letters
- Judgments
- Department Hearing or Exam Notice

MESSANGER NO. \_\_\_\_\_

**SIGN IN PRESENCE OF NOTARY**

NOTARIZATION

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X \_\_\_\_\_  
SIGNATURE OF PERSON ADMINISTERING OATH

S E A L