



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: \$11.00 FEE (Driver history is not included)
 3 YEAR DRIVER RECORD: \$11.00 FEE
 10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)

- FULL HISTORY: \$11.00 FEE
 CERTIFIED DRIVER RECORD: \$36.00 FEE
 COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE
 CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE

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

<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 License Restoration Services, Inc.</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 200 Lawrence Rd., Suite 100</td> </tr> <tr> <td>CITY Broomall</td> <td>STATE ZIP CODE PA 19008</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 355-9600</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) agent</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY License Restoration Services, Inc.		ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 200 Lawrence Rd., Suite 100		CITY Broomall	STATE ZIP CODE PA 19008	DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 355-9600		RELATIONSHIP TO DRIVER (REQUIRED) agent		SIGNATURE X 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 (P.O. Box not acceptable), need to provide physical location of business/residence</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> <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 checked="" type="checkbox"/> B = Driver Release (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)</td> </tr> <tr> <td colspan="2"><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.)</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> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby Certify that Vincent DiAngelus 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">X SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title Founder</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		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)		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input checked="" 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).		<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)		I hereby Certify that Vincent DiAngelus 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.		X SIGNATURE OF REQUESTER		Title Founder	
A REQUESTER INFORMATION																																																					
NAME/COMPANY License Restoration Services, Inc.																																																					
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 200 Lawrence Rd., Suite 100																																																					
CITY Broomall	STATE ZIP CODE PA 19008																																																				
DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 355-9600																																																					
RELATIONSHIP TO DRIVER (REQUIRED) agent																																																					
SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																					
B END USER OF INFORMATION BEING REQUESTED																																																					
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)																																																					
D AFFIDAVIT OF INTENDED USE																																																					
Intended Use of the Information Requested: CHECK ONLY ONE																																																					
<input checked="" 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).																																																					
<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)																																																					
I hereby Certify that Vincent DiAngelus 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.																																																					
X SIGNATURE OF REQUESTER																																																					
Title Founder																																																					
<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>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH DAY YEAR</td> <td></td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST	FIRST INITIAL	ADDRESS		CITY		STATE	ZIP CODE	PHONE NUMBER		DATE OF BIRTH	DRIVER NUMBER	MONTH DAY YEAR		<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 NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to License Restoration Services, Inc. NAME OF PERSON/COMPANY</td> </tr> <tr> <td colspan="2">X SIGNATURE OF DRIVER</td> </tr> <tr> <td colspan="2">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 License Restoration Services, Inc. NAME OF PERSON/COMPANY		X SIGNATURE OF DRIVER		DATE																											
C DRIVER INFORMATION																																																					
NAME: LAST	FIRST INITIAL																																																				
ADDRESS																																																					
CITY																																																					
STATE	ZIP CODE																																																				
PHONE NUMBER																																																					
DATE OF BIRTH	DRIVER NUMBER																																																				
MONTH DAY YEAR																																																					
E DRIVER RELEASE																																																					
I _____ hereby request NAME OF DRIVER																																																					
the Department of Transportation to furnish a copy of my PA Driver's Record to License Restoration Services, Inc. NAME OF PERSON/COMPANY																																																					
X 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 See Attached</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2"><small>(see list of available documents below)</small></td> </tr> <tr> <td colspan="2">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 </td> </tr> </table>	F MICROFILM		TYPE OF DOCUMENT See Attached	DATE OF VIOLATION	<small>(see list of available documents below)</small>		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 		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; text-orientation: mixed; font-weight: bold;">NOTARIZATION</td> <td>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</td> </tr> <tr> <td>X SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="writing-mode: vertical-rl; text-orientation: mixed; font-weight: bold;">S E A L</td> <td style="text-align: center;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR	X SIGNATURE OF PERSON ADMINISTERING OATH	S E A L	SIGN IN PRESENCE OF NOTARY																																							
F MICROFILM																																																					
TYPE OF DOCUMENT See Attached	DATE OF VIOLATION																																																				
<small>(see list of available documents below)</small>																																																					
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 																																																					
NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR																																																				
	X SIGNATURE OF PERSON ADMINISTERING OATH																																																				
S E A L	SIGN IN PRESENCE OF NOTARY																																																				

MESSENGER NO.