



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: **\$10.00 FEE** (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: **\$10.00 FEE**
- 10 YEAR DRIVER RECORD: **\$10.00 FEE** (*Employment Purposes Only*)

- FULL HISTORY: **\$10.00 FEE**
- CERTIFIED DRIVER RECORD: **\$34.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$10.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$34.00 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</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></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 <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small>		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 <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small></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 <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small>		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____			
A REQUESTER INFORMATION																															
NAME/COMPANY																															
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small>																															
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 <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small>																															
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>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;">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 (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>) <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. (<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"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>) </td> </tr> <tr> <td colspan="2">I hereby Certify that _____ 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 _____</td> </tr> </table>	D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>) <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. (<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"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)		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.		X _____ SIGNATURE OF REQUESTER		Title _____	
C DRIVER INFORMATION																															
NAME: LAST	FIRST INITIAL																														
ADDRESS																															
CITY																															
STATE	ZIP CODE																														
PHONE NUMBER																															
DATE OF BIRTH	DRIVER NUMBER																														
MONTH DAY YEAR																															
D AFFIDAVIT OF INTENDED USE																															
Intended Use of the Information Requested: CHECK ONLY ONE																															
<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>) <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. (<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"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)																															
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.																															
X _____ 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 NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY</td> </tr> <tr> <td>X _____ SIGNATURE OF DRIVER</td> <td>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		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</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	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 															
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																															
X _____ SIGNATURE OF DRIVER	DATE																														
F MICROFILM																															
TYPE OF DOCUMENT	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 																															
<p>MESSANGER NO. _____</p>	<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 X _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center;"> SIGN IN PRESENCE OF NOTARY </div> </td> </tr> </table>	NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center;"> SIGN IN PRESENCE OF NOTARY </div>																												
NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center;"> SIGN IN PRESENCE OF NOTARY </div>																														

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 \$10.00 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 "PennDOT."
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.

(\$10.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past

(\$10.00 fee)

3 years from the date request is processed.

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$10.00 fee)

past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$10.00 fee)

complete history of the driver on file in Pennsylvania.

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$34.00 fee)

complete history of the driver on file in Pennsylvania certified by the Department.

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific

(\$10.00 fee)

as to the type of document and the date of the violation/action.

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.

(\$34.00 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.

Visit us at www.dmv.pa.gov or call us at: 717-412-5300 ♦ TDD: 711

* 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 website at www.dmv.pa.gov and click on "Online Business Services" for more information.