

REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

DO NOT SEND CASH

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

- CHECK (✓) ONE ONLY:
- BASIC INFORMATION - \$5.00 FEE
- 3 YEAR DRIVER RECORD - \$5.00 FEE
- 10 YEAR DRIVER RECORD - \$5.00 FEE - FOR COMMERCIAL DRIVERS 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

<p>A REQUESTER INFORMATION</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>DAYTIME TELEPHONE (NUMBER) _____</p> <p><input checked="" type="checkbox"/> SIGNATURE OF REQUESTER _____</p> <p>NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</p> <p>E AFFIDAVIT OF INTENDED USE</p> <p>I hereby Certify that _____ NAME OF REQUESTER</p> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked below only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act.</p> <p><input checked="" type="checkbox"/> SIGNATURE OF REQUESTER _____</p> <p>Title (if applicable) _____</p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <p><input type="checkbox"/> E = Employment * To support the hiring or the continuation of employment</p> <p><input type="checkbox"/> K = Court Order (Must be attached)</p> <p><input type="checkbox"/> R = Insurance Insurance Company Requesting Record of: * Person it intends to insure, or * Person it now insures, or * Person it has rejected for insurance.</p> <p><input type="checkbox"/> L = Attorney Representing Driver Identified in Section B</p>	<p>B DRIVER INFORMATION</p> <p>NAME: LAST FIRST INITIAL _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>DRIVER NUMBER: _____</p> <p>DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____</p> <p>MONTH DAY YEAR</p> <p>YOU MUST FURNISH MORE THAN A NAME AND ADDRESS FOR A SEARCH</p> <p>C DRIVER RELEASE</p> <p>I _____ NAME OF DRIVER hereby request the Pennsylvania Department of Transportation to furnish a copy of my Pennsylvania Driver's Record.</p> <p><input checked="" type="checkbox"/> SIGNATURE OF DRIVER _____ DATE: _____</p> <p>D MICROFILM</p> <p>Complete if requesting microfilm copy of specific document(s) TYPE OF DOCUMENT (see list of available documents below)</p> <p>DATE OF VIOLATION/ACTION _____ CERTIFIED COPY OF MICROFILM</p> <p><input type="checkbox"/> YES (\$10.00 Fee) <input type="checkbox"/> NO (\$5.00 Fee)</p> <p>Microfilm copies of the following documents may be requested:</p> <ul style="list-style-type: none"> • Citations • Suspension Credit Affidavits • Court Certifications • Suspension/Revocation Letters • Applications • Restoration Letters • License Renewals • Rescind Letters • Judgments • Department Hearing or Exam Notice
<p>NOTARIZATION</p> <p style="font-size: 2em; letter-spacing: 0.5em;">S E A L</p>	<p>SIGN IN PRESENCE OF NOTARY</p>
<p>THIS FORM MAY BE PHOTOCOPIED</p> <p>MESSANGER NO. _____</p>	