

# 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)

**DO NOT SEND CASH**



PA Department of Transportation • Bureau of Driver Licensing  
P.O. Box 68695 • Harrisburg, PA 17106-8695

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

**SEE REVERSE FOR INSTRUCTIONS / INFORMATION**

CHECK (✓) ONE ONLY:

- BASIC INFORMATION (Driver history is **not** included)
- 3 YEAR DRIVER RECORD
- 10 YEAR DRIVER RECORD (Employment Purposes Only)

- CERTIFIED DRIVER RECORD
- COPY OF DOCUMENT FROM FILE (MICROFILM)
- CERTIFIED COPY OF DOCUMENT FROM FILE

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](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 <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	

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

NAME OF DRIVER

NAME OF PERSON/COMPANY

X \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF DRIVER

**F MICROFILM**

TYPE OF DOCUMENT	DATE OF VIOLATION
(see list of available documents below)	
<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>	

**D AFFIDAVIT OF INTENDED USE**

Intended Use of the Information Requested: **CHECK ONLY ONE**

- B = Driver Release** (Driver must complete Section E.)
- C = Credit** (In connection with a credit transaction involving the driver.)
- E = Employment** (To support the hiring or the continuation of employment. Driver must complete Section E.)
- R = Insurance Company** requesting record of person it intends to insure, now insures, or has rejected for insurance.
- 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).
- 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.

X \_\_\_\_\_

SIGNATURE OF REQUESTER

Title \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X \_\_\_\_\_

SIGNATURE OF PERSON ADMINISTERING OATH

<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>
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**NOTARIZATION**

MESSENGER NO.