



# 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: **\$9.00 FEE** (Driver history is **not** included)

3 YEAR DRIVER RECORD: **\$9.00 FEE**

10 YEAR DRIVER RECORD: **\$9.00 FEE** (Employment Purposes Only)

FULL HISTORY: **\$9.00 FEE**

CERTIFIED DRIVER RECORD: **\$32.00 FEE**

COPY OF DOCUMENT FROM FILE (MICROFILM): **\$9.00 FEE**

CERTIFIED COPY OF DOCUMENT FROM FILE: **\$32.00 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](http://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> _____<br/>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> _____<br>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> | 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) _____                  |  |   |  |                                   |  |             |  |
|---|---|--------------|--|---|---|--|--------------------------------|----------------------------|--|----------------|---|------------------------|--|--|--|---|--|--------------------|---|--|--|--|----------------------------|---|--|--|--|---|--|-----------------------------------|--|-------------|--|
| A REQUESTER INFORMATION   |   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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| CITY _____  | STATE _____ ZIP CODE _____  |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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Driver must complete Section E.)<br/> <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.<br/> <input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).<br/> <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)         </td> </tr> <tr> <td colspan="2">I hereby Certify that _____<br/>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 _____<br/>SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table> | D AFFIDAVIT OF INTENDED USE  |  | Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> |                            | <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)<br><input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)<br><input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)<br><input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. 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| NAME: LAST _____  | FIRST _____ INITIAL _____   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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| DATE OF BIRTH   | DRIVER NUMBER   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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| I _____ hereby request<br>NAME OF DRIVER  |   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
| the Department of Transportation to furnish a copy of my PA Driver's Record to _____<br>NAME OF PERSON/COMPANY  |   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
| X _____<br>SIGNATURE OF DRIVER  | DATE _____  |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
| F MICROFILM   |   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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| <small>(see list of available documents below)</small>  |   |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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| <p>MESSANGER NO. _____</p>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">NOTARIZATION</td> <td>SUBSCRIBED AND SWORN<br/>TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR</td> </tr> <tr> <td>X _____<br/>SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table> | NOTARIZATION | SUBSCRIBED AND SWORN<br>TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR | X _____<br>SIGNATURE OF PERSON ADMINISTERING OATH | SIGN IN PRESENCE OF NOTARY  |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |
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|   | SIGN IN PRESENCE OF NOTARY  |              |  |   |   |  |                                |                            |  |                |   |                        |  |  |  |   |  |                    |   |  |  |  |                            |   |  |  |  |   |  |                                   |  |             |  |

**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 \$9.00 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.  
(\$9.00 fee)

3 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past  
(\$9.00 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  
(\$9.00 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  
(\$9.00 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  
(\$32.00 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  
(\$9.00 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.  
(\$32.00 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](http://www.dmv.pa.gov) or call us at:**

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380

\* 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](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.