



# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)

3 YEAR DRIVER RECORD: \$5.00 FEE

10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes 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

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td>NAME/COMPANY _____</td> </tr> <tr> <td>ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP CODE _____</td> </tr> <tr> <td>DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____</td> </tr> <tr> <td>RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td>SIGNATURE <u>X</u> _____ NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION	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 NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td>NAME/COMPANY _____</td> </tr> <tr> <td>ADDRESS (<i>PO Box not acceptable, need to provide physical location of business/residence</i>) _____</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP CODE _____</td> </tr> <tr> <td>DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____</td> </tr> <tr> <td>RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED	NAME/COMPANY _____	ADDRESS ( <i>PO Box not acceptable, need to provide physical location of business/residence</i> ) _____	CITY _____ STATE _____ ZIP CODE _____	DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____	RELATIONSHIP TO DRIVER (REQUIRED) _____								
A REQUESTER INFORMATION																						
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 NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD																						
B END USER OF INFORMATION BEING REQUESTED																						
NAME/COMPANY _____																						
ADDRESS ( <i>PO Box not acceptable, need to provide physical location of business/residence</i> ) _____																						
CITY _____ STATE _____ ZIP CODE _____																						
DAYTIME TELEPHONE NUMBER (REQUIRED) ( ) _____																						
RELATIONSHIP TO DRIVER (REQUIRED) _____																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST _____ FIRST _____ INITIAL _____</td> </tr> <tr> <td>ADDRESS _____</td> </tr> <tr> <td>CITY _____</td> </tr> <tr> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td>PHONE NUMBER ( ) _____</td> </tr> <tr> <td>DRIVER NUMBER _____</td> </tr> <tr> <td>DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____</td> </tr> <tr> <td>MONTH _____ DAY _____ YEAR _____</td> </tr> </table>	C DRIVER INFORMATION	NAME: LAST _____ FIRST _____ INITIAL _____	ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____	PHONE NUMBER ( ) _____	DRIVER NUMBER _____	DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____	MONTH _____ DAY _____ YEAR _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td>Intended Use of the Information Requested: <b>CHECK ONLY ONE</b></td> </tr> <tr> <td><input type="checkbox"/> <b>B = Driver Release</b> (<i>Driver has given written authorization to obtain his/her record.</i>)</td> </tr> <tr> <td><input type="checkbox"/> <b>C = Credit</b> (<i>In connection with a credit transaction involving the driver.</i>)</td> </tr> <tr> <td><input type="checkbox"/> <b>E = Employment</b> (<i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i>)</td> </tr> <tr> <td><input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td><input type="checkbox"/> <b>K = Court Order</b> 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>)</td> </tr> <tr> <td><input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (<i>Driver has given written authorization to obtain his/her record.</i>)</td> </tr> <tr> <td>I hereby Certify that _____ PRINTED NAME OF REQUESTER</td> </tr> <tr> <td>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><u>X</u> _____ SIGNATURE OF REQUESTER</td> </tr> <tr> <td>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> ( <i>Driver has given written authorization to obtain his/her record.</i> )	<input type="checkbox"/> <b>C = Credit</b> ( <i>In connection with a credit transaction involving the driver.</i> )	<input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i> )	<input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.	<input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver has given written authorization to obtain his/her record.</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.	<u>X</u> _____ SIGNATURE OF REQUESTER	Title _____
C DRIVER INFORMATION																						
NAME: LAST _____ FIRST _____ INITIAL _____																						
ADDRESS _____																						
CITY _____																						
STATE _____ ZIP CODE _____																						
PHONE NUMBER ( ) _____																						
DRIVER NUMBER _____																						
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____																						
MONTH _____ DAY _____ YEAR _____																						
D AFFIDAVIT OF INTENDED USE																						
Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>																						
<input type="checkbox"/> <b>B = Driver Release</b> ( <i>Driver has given written authorization to obtain his/her record.</i> )																						
<input type="checkbox"/> <b>C = Credit</b> ( <i>In connection with a credit transaction involving the driver.</i> )																						
<input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i> )																						
<input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.																						
<input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver has given written authorization to obtain his/her record.</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.																						
<u>X</u> _____ SIGNATURE OF REQUESTER																						
Title _____																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td>I _____ hereby request NAME OF DRIVER</td> </tr> <tr> <td>the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY</td> </tr> <tr> <td><u>X</u> _____ SIGNATURE OF DRIVER</td> </tr> <tr> <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	<u>X</u> _____ SIGNATURE OF DRIVER	DATE _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT _____ DATE OF VIOLATION _____</td> </tr> <tr> <td><i>(see list of available documents below)</i></td> </tr> <tr> <td><b>Documents Available:</b></td> </tr> <tr> <td> <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> </td> </tr> </table>	F MICROFILM	TYPE OF DOCUMENT _____ DATE OF VIOLATION _____	<i>(see list of available documents below)</i>	<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>											
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																						
<u>X</u> _____ SIGNATURE OF DRIVER																						
DATE _____																						
F MICROFILM																						
TYPE OF DOCUMENT _____ DATE OF VIOLATION _____																						
<i>(see list of available documents below)</i>																						
<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>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR</td> </tr> <tr> <td style="width:50%; text-align: center;"><u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="text-align: center;"><b>S E A L</b></td> </tr> <tr> <td style="text-align: center;"><b>SIGN IN PRESENCE OF NOTARY</b></td> </tr> </table>	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR	<u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH	<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>	NOTARIZATION																	
SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR																						
<u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH																						
<b>S E A L</b>																						
<b>SIGN IN PRESENCE OF NOTARY</b>																						

# INSTRUCTIONS

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

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 or E. If the requester is not the end user of the information, Section B must also be completed.\*
3. 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.
4. **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.
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 \$5.00 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 "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

*For overnight and other special mail:*

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

## IMPORTANT INFORMATION CONCERNING DRIVER RELEASES

A signed driver release must be maintained on file for a period of two years from the date of notarization, if the request is made for: employment purposes, at the request of the driver, or by an attorney acting on behalf of their client. Failure to comply with this requirement will result in the termination of your access to Pennsylvania driver records.

## DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION ..... Includes name, address, driver number, date of birth and class of license.  
(\$5.00 fee)

3 YEAR RECORD\* ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.  
(\$5.00 fee) **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

10 YEAR RECORD\* ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

CERTIFIED RECORD ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.  
(\$10.00 fee)

MICROFILM DOCUMENT ..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.  
(\$5.00 fee)

CERTIFIED COPY OF DOCUMENT ..... Copies of documents from the microfilm file that have been certified by the Department.  
(\$10.00 fee)

\*Businesses who obtain driver histories for the purpose of employment or insurance are now able to obtain and print these histories, 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.state.pa.us](http://www.dmv.state.pa.us) and click on "Online Business Services" for more information.