



pennsylvania
DEPARTMENT OF TRANSPORTATION

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: \$14.00 FEE (Driver history is not included)

3 YEAR DRIVER RECORD: \$14.00 FEE

10 YEAR DRIVER RECORD: \$14.00 FEE (Employment Purposes Only)

FULL HISTORY: \$14.00 FEE

CERTIFIED DRIVER RECORD: \$44.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$14.00 FEE

CERTIFIED COPY OF DOCUMENT FROM FILE: \$44.00 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

A REQUESTER INFORMATION | **B END USER OF INFORMATION BEING REQUESTED**

NAME/COMPANY

Premier InfoSource, Inc.

ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.

5150 Stilesboro Road, Suite 320

CITY STATE ZIP CODE

Kennesaw GA 30152

DAYTIME TELEPHONE NUMBER (REQUIRED) **(770) 419-8860**

RELATIONSHIP TO DRIVER (REQUIRED) **application processing**

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)

SIGNATURE *X Hira Curran*
NOTARIZATION NOT 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 _____

X SIGNATURE OF DRIVER DATE

F MICROFILM

TYPE OF DOCUMENT DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- 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

D AFFIDAVIT OF INTENDED USE
Intended Use of the Information Requested: CHECK ONLY ONE
 B = Driver Release (Driver must complete Section E.)
 C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)
 C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
 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 -NOTE: Filed copy of certificate prerequisite MUST accompany subpoena).
 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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.

X SIGNATURE OF REQUESTER
Title _____

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X SIGNATURE OF PERSON ADMINISTERING OATH

NOTARIZATION
SEAL
SIGN IN PRESENCE OF NOTARY

MESSENGER NO.