



# 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

A REQUESTER INFORMATION	B DRIVER INFORMATION
NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE ( ) _____ NUMBER _____ X _____ SIGNATURE OF REQUESTER NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ DRIVER NUMBER _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ MONTH _____ DAY _____ YEAR _____
E AFFIDAVIT OF INTENDED USE	C DRIVER RELEASE
I hereby Certify that _____ NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 61 14 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. X _____ SIGNATURE OF REQUESTER Title (it applicable) _____ Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> <input type="checkbox"/> E = Employment <i>* To support the hiring or the continuation of employment</i> <input type="checkbox"/> K = Court Order (Must be attached) <input type="checkbox"/> R = Insurance Insurance Company Requesting Record of: <i>* Person it intends to insure, or</i> <i>* Person it now insures, or</i> <i>* Person it has rejected for insurance.</i> <input type="checkbox"/> L = Attorney <b>Representing</b> Driver Identified in Section B	YOU MUST FURNISH <u>MORE THAN A NAME</u> AND ADDRESS FOR A SEARCH I _____ hereby NAME OF DRIVER request the Pennsylvania Department of Transportation to furnish _____ NAME OF REQUESTER a copy of my Pennsylvania Driver's Record. X _____ SIGNATURE OF DRIVER _____ DATE _____
NOTARIZATION	D MICROFILM
SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR SIGNATURE OF PERSON ADMINISTERING OATH _____ <div style="border: 1px solid black; padding: 10px; width: 100%;"> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">S E A L</div> <div style="text-align: center; flex-grow: 1;"> <b>SIGN IN PRESENCE OF NOTARY</b> </div> </div> </div>	Complete if requesting microfilm copy of specific document(s) TYPE OF DOCUMENT (see <i>list of available documents below</i> ) _____ DATE OF VIOLATION/ACTION _____ CERTIFIED COPY OF MICROFILM <input type="checkbox"/> YES (\$10.00 Fee) <input type="checkbox"/> NO (\$5.00 Fee) <b>Microfilm copies of the following documents may be requested:</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>

# INSTRUCTIONS

1. 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.
2. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name or name and address does not provide enough information for a proper search of the driver files.
3. A separate application is required for each record requested.
4. **If requesting your own record**, complete Sections A & B only. Notarization is **NOT** required.
5. **If requesting someone else's record**, complete Sections A & B and either C or E.
6. Check the type of record requested at the top of the front of the form. Check one only.
7. **If requesting a microfilm copy of a document from file**, complete all sections as noted above and also Section D. You must be specific in providing the type and date of the document. If, for example, there are several citations on the record, the cost would be \$5.00 per each citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
8. Make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

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

## DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION - \$5.00 Fee - Includes name, address, driver number, date of birth and class.

3 YEAR DRIVER RECORD - \$5.00 Fee - 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.

10 YEAR DRIVER RECORD - \$5.00 Fee - 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. **Note: Available for Commercial Drivers only.**

CERTIFIED DRIVER RECORD - \$10.00 Fee - 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.

MICROFILM DOCUMENT - \$5.00 Fee - Copies of documents retained by the Department are available for purchase from the microfilm file. All requirements are the same as when asking for a driver record. You must be specific as to the type of document and the date of the violation/action.

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