

SambaSafety Account

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

				☐ FULL HISTORY: \$11.00 FEE ☐ CERTIFIED DRIVER RECORD: \$36.00 FEE					
☐ 3 YEAR DRIVER RECORD: \$11.00 FEE ☐ 10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)				COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE					
_			ng Record on PennDOT'S website at www.dmv.pa.gov						
Α	A REQUESTER INFORMATION				B END USER OF INFORMATION BEING REQUESTED				
٦	NAME/COMPANY			NAME/COMPANY					
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address. CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED)			ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence					
				CITY STATE ZIP CODE					
				DAYTIME TELEPHONE NUMBER (REQUIRED)					
				D AFFIDAVIT OF INTENDED USE					
				Intended Use of the Information Requested: CHECK ONLY ONE					
				B = Driver Release (Driver must complete Section E.)					
С				C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)					
	NAME: LAST FIRST INITIAL			C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit					
	ADDRESS CITY STATE ZIP CODE PHONE NUMBER			obligation.) E = Employment (To support the hiring or the continuation of employment. mbsivepmplete 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.)					
	DATE OF BIRTH DRIVER NUMBER		I hereby Certify that						
	MONTH DAY YEAR			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					
E	DRIVER RELEASE								
	Ihereby request			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					
	NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to			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					
	NAME OF PERSON/COMPANY X SIGNATURE OF DRIVER DATE			of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.					
			Ιx						
F	MICROFILM			SIGNATURE OF REQUESTER					
\dashv	TYPE OF DOCUMENT	DATE OF VIOLATION	Tit	tle					
				SUBSCRIBED AND SWORN					
				то	BEFORE ME: MONTH	DAY	YEAR		
	(see list of available documents below)		NOTARIZATION	X					
	Documents Available: Citations Court Certifications Applications License Renewals Judgments Suspension/Revocation Letters Rescind Letters Department Hearing or Exam Notice			SIGNATURE OF PERSON ADMINISTERING OATH					
				S	E				
MESSENGER NO.			2	L					