DAYTIME TELEPHONE NUMBER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD         C       DRIVER INFORMATION         NAME:       LAST         FIRST       INITIAL         ADDRESS       Intended Use of the Information Requested: CHECK ONLY ONE         CITY       Instanction initiated by the driver.)         CITY       Instanction initiated by the driver.)         STATE       ZIP CODE         PHONE NUMBER       Cortex numbers         MONTH       DRIVER NUMBER		pennsylvania     department of transportation					
DO NOT SEND CASH - SEE REVERSE FOR INSTRUCTIONS       Munual of Dimer Hammag - P0. Size 64668 - Hammbag, P0. 17456-4668         OHECK (V) ONE ONLY:       BASIC INFORMATION S12.00 FEE (Dimer Initialized)       DIMER FEE CORD. 532.00 FEE         DATE OF DOCUMENT FROMATION S12.00 FEE (Employment Purposes Only)       COPY OF DOCUMENT FROM FLIC (MICROFILLIK): \$12.00 FEE         You may obtain a copy of your own 3 year or 10 year Driving Record on PannDDTS website at www.dmv.ps.gov       ReQUESTER INFORMATION         NAME:COMMANY       MAMECOMMANY         ADDRESS (FO. Bot Information BEING REQUESTED using a state of a software for the actual address, but cannot be and as the address.       ADDRESS (FO. Bot Information BEING REQUESTED Information BeING REQUESTED         DATTIME TELEPHONE NUMBER (REQUIRED)       CITY       STATE 20P COBE         DATTIME TELEPHONE NUMBER (REQUIRED)       CITY       STATE 20P COBE         DATTIME TELEPHONE NUMBER (REQUIRED)       CITY       STATE 20P COBE         NOTARIZATION NUEL RECUIRED WHEN REQUESTING YOUR OWN RECORD       DATTIME TELEPHONE NUMBER (REQUIRED)         NOTARIZATION NUEL RECUIRED WHEN REQUESTING YOUR OWN RECORD       DATTIME TELEPHONE NUMBER (REQUIRED)         SIGNATURE X       COPC of procument basis assolitation of employment file as assolitation of employment file as association of the address of a state of the contaction of the address of	R	EQUEST FOR DRIVER		N			
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EXPENDICES         EVALUATION         B         END USER OF INFORMATION BEING REQUESTED           NAME/COMPANY         NAME/COMPANY         ADDRESS P.O. Bax number may be used in edition to the sclual address, but cannot be used as the only address.         ADDRESS (P.O. Bax not acceptable), need to provide physical location of business/residence used as the only address.           CITY         STATE         ZIP CODE         CITY         STATE         ZIP CODE           DAVTIME TELEPHONE NUMBER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)           RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP TO DRIVER (REQUIRED)         RELATIONSHIP	<ul> <li>BASIC INFORMATION: \$12.00 FEE (Driver history is not included)</li> <li>3 YEAR DRIVER RECORD: \$12.00 FEE</li> <li>10 YEAR DRIVER RECORD: \$12.00 FEE (Employment Purposes Only)</li> </ul>				CERTIFIED DRIVER RECORD: \$38.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE		
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C       DRIVER INFORMATION         NAME:       LAST       PIRST       INITIAL         NAME:       LAST       PIRST       INITIAL         ADDRESS       INITIAL       C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing of the credit/payment risks associated with and existing of the credit/payment risks associated with an existing of the credit/payment risks associated with and existence ristread of the credit/paymen							
INVERTING OR INFORMATION         NAME:       LAST       FIRST       INITIAL         NAME:       LAST       FIRST       INITIAL         ADDRESS       INITIAL       INITIAL       Initial         ADDRESS       Initial       Initial       Initial         Initial       ADDRESS       Initial       Initial         Initial       ADDRESS       Initial       Initial       Initial         Initial       ADDRESS       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial       Initial         Initial       Initial       Initial       Initial       Initial       Initial       Initial       Initial       Initial       Initial       Initial       Initial							
ADDRESS       credit obligation.)       E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)         CITY       CITY       R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.         STATE       ZIP CODE       R = C.P. 4009.21 will be accepted in lieu of a court order -NOTE: Filed cop. of certificate prerequisite MUST accompany support that.         PHONE NUMBER       DRIVER NUMBER       L = Attorney representing driver identified in Section C (Driver must complete Section E.)         DATE OF BIRTH       DRIVER NUMBER       I hereby Certify that       PRINTED NAME OF REQUESTER         WONTH       DAY       YEAR       View the driver record abstract(s) required pursuant to Section 611 with Section 610 with Section 4004(b) (relating to unsworn falsifications), which shall include punsworn falsifications), which shall include punsintement of requestrere <t< th=""><th>C</th><th colspan="3">DRIVER INFORMATION</th><th>C = Credit Potential Investor, Server or Current Insurer (In connec-</th></t<>	C	DRIVER INFORMATION			C = Credit Potential Investor, Server or Current Insurer (In connec-		
CITY       Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.         STATE       CIP CODE         PHONE NUMBER       CIP CODE         DATE OF BIRTH       DRIVER NUMBER         I       L=Attorney representing driver identified in Section C (Driver must complete Section E.)         I       Inereby Certify that         PRIVER RELEASE       Vill 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 on or pursuant to Transportation to furnish a copy of my PA Driver's Record to         NAME OF PERSON/COMPANY       SIGNATURE OF DRIVER         V       SIGNATURE OF DRIVER         YPE OF DOCUMENT       DATE OF VIOLATION         SUBSCRIBED AND SWORN       SIGNATURE OF REQUESTER         TYPE OF DOCUMENT       DATE OF VIOLATION         SUBSCRIBED AND SWORN       SIGNATURE OF REQUESTER         SUBSCRIBED AND SWORN<			(INITIAL)		credit obligation.) E = Employment (To support the hiring or the continuation of employment. Driver		
STATE       ZIP CODE       Pa. R.C.P. 4009.21 will be accepted in lieu of a court orderNOTE: Filed cop. of certificate prerequisite MUST accompany subpoena).         PHONE NUMBER       DRIVER NUMBER       L=Attorney representing driver identified in Section C (Driver must complete Section E.)         DATE OF BIRTH       DRIVER NUMBER       I hereby Certify that       PRINTED NAME OF REQUESTER         MONTH       DAY       YEAR       Vill 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 falisfications), 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 DRIVER       DATE         F       MICROFILM       DATE OF VIOLATION         TYPE OF DOCUMENT       DATE OF VIOLATION       Title         Subscribed And swoRN       To BEFORE ME:       MONTH       DAY         Subscribed And swoRN       To BEFORE ME:       MONTH       DAY					R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.		
DATE OF BIRTH       ORIVER NUMBER         MONTH       DAY         MONTH       DAY         VEAR       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 file 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 DRIVER         F       MICROFILM         TYPE OF DOCUMENT       DATE OF VIOLATION         (see list of available documents below)       DATE OF VIOLATION		STATE) ZIP CODE)		Pa. R.C.P. 4009.21 will be accepted in lieu of a court orderNOTE: Filed copy of certificate prerequisite MUST accompany subpoena).			
MONTH       DAY       YEAR       PRINTED NAME OF REQUESTER         E       DRIVER RELEASE       Image: Construction of the propose 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.         K       SIGNATURE OF DRIVER         MICROFILM       DATE OF VIOLATION         TYPE OF DOCUMENT       DATE OF VIOLATION         SUBSCRIBED AND SWORN       To BEFORE ME:       MONTH DAY YEAR		PHONE NUMBER					
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NAME OF PERSON/COMPANY     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 DRIVER       F     MICROFILM       TYPE OF DOCUMENT     DATE OF VIOLATION       Image: start of available documents below)     Title				Section 4904(b) (relating to unsworn falsifications), which shall include			
X     SIGNATURE OF DRIVER     DATE       F     MICROFILM     DATE OF VIOLATION       TYPE OF DOCUMENT     DATE OF VIOLATION       Subscribed and sworn       to before Me:     MONTH       to before Me:     MONTH       DAY     YEAR			V/COMPANY				
F       MICROFILM       SIGNATURE OF REQUESTER         TYPE OF DOCUMENT       DATE OF VIOLATION       Title         (see list of available documents below)       SUBSCRIBED AND SWORN					more man one year, or both.		
TYPE OF DOCUMENT     DATE OF VIOLATION     Title       SUBSCRIBED AND SWORN     TO BEFORE ME:     MONTH       (see list of available documents below)     V	-			<u> </u>	SIGNATURE OF REQUESTER		
(see list of available documents below)	Г	-		Title			
			DATE OF VIOLATION	SL			
Documents Available:       Ignition Interlock Removal Letter         • Citations       • Ignition Interlock Removal Letter         • Court Certifications       • Suspension/Revocation Letters         • Applications       • Rescind Letters         • License Renewals       • Rescind Letters         • Judgments       • Department Hearing or Exam Notice         • Suspension Credit Affidavits       • SIGN IN PRESENCE OF NOTARY		,			,		
<ul> <li>Citations</li> <li>Ignition Interlock Removal Letter</li> <li>Court Certifications</li> <li>Suspension/Revocation Letters</li> <li>Applications</li> <li>Rescind Letters</li> <li>Judgments</li> <li>Department Hearing or Exam Notice</li> <li>Suspension Credit Affidavits</li> </ul>				0			
		Court Certifications     Applications     License Renewals     Judgments     Suspension/Re     Suspension/Re     Restoration Let     Rescind Letters     Department He	ck Removal Letter vocation Letters ters s aring or Exam Notice	IOTARIZAT	E		

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**MESSENGER NO.** 

### DL-503 (11-21)

### INSTRUCTIONS

- 1. To request your own record, complete Sections A & C only. Notarization is NOT required.
- 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 \$12.00 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:

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

# DESCRIPTION OF INFORMATION AVAILABLE

MICROFILM DOCUMENT (\$12.00 fee)	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.
	Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the <b>complete</b> history of the driver on file in Pennsylvania certified by the Department.
	Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the <b>complete</b> history of the driver on file in Pennsylvania.
	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.
	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.
BASIC INFORMATION (\$12.00 fee)	Includes name, address, driver number, date of birth and class of license.

#### CERTIFIED COPY

OF DOCUMENT..... Copies of documents from the microfilm file that have been certified by the Department.

(\$38.00 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 or call us at: 717-412-5300 TDD: 711

\* 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 <u>www.dmv.pa.gov</u> and click on "Online Business Services" for more information.