



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: (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD:

☒ 10 YEAR DRIVER RECORD: (Employment Purposes Only)

☐ FULL HISTORY:

☐ CERTIFIED DRIVER RECORD:

☐ COPY OF DOCUMENT FROM FILE (MICROFILM):

☐ CERTIFIED COPY OF DOCUMENT FROM FILE:

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

<div style="background-color: yellow; border: 1px solid black; padding: 2px;">A REQUESTER INFORMATION</div> <div style="border: 1px solid black; padding: 5px;"> NAME/COMPANY TR Information Services ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> PO Box 780254 CITY STATE ZIP CODE Orlando, FL 32878 DAYTIME TELEPHONE NUMBER (REQUIRED) 800-894-9141 RELATIONSHIP TO DRIVER (REQUIRED) Agent for the Employer SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD </div>	<div style="background-color: yellow; border: 1px solid black; padding: 2px;">B END USER OF INFORMATION BEING REQUESTED</div> <div style="border: 1px solid black; padding: 5px;"> 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) </div>
<div style="background-color: yellow; border: 1px solid black; padding: 2px;">C DRIVER INFORMATION</div> <div style="border: 1px solid black; padding: 5px;"> NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER Last 4 of SSN DATE OF BIRTH MONTH DAY YEAR DRIVER NUMBER </div>	<div style="background-color: yellow; border: 1px solid black; padding: 2px;">D AFFIDAVIT OF INTENDED USE</div> <div style="border: 1px solid black; padding: 5px;"> Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> 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). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) </div>
<div style="background-color: yellow; border: 1px solid black; padding: 2px;">E DRIVER RELEASE</div> <div style="border: 1px solid black; padding: 5px;"> I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to TR Information Services NAME OF PERSON/COMPANY <u>X</u> SIGNATURE OF DRIVER DATE </div>	<div style="border: 1px solid black; padding: 5px;"> I hereby Certify that TR Information Services 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 Director </div>
<div style="background-color: yellow; border: 1px solid black; padding: 2px;">F MICROFILM</div> <div style="border: 1px solid black; padding: 5px;"> TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) </div>	<div style="border: 1px solid black; padding: 5px;"> SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR <div style="border: 1px solid black; padding: 5px;"> <div style="background-color: yellow; border: 1px solid black; padding: 2px;">S E A L</div> <div style="border: 1px solid black; padding: 5px;"> SIGNATURE OF PERSON ADMINISTERING OATH SIGN IN PRESENCE OF NOTARY </div> </div> </div>

NOTARIZATION

MESSANGER NO.