

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

ADR Account Number (required)
R7145

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

	HECK (🗸) ONE ONLY: BASIC INFORMATION: \$8.00 FEE (Driver history is not included)	☐ FULL HISTORY: \$8.00 FEE☐ CERTIFIED DRIVER RECORD: \$30.00 FEE
	3 YEAR DRIVER RECORD: \$8.00 FEE	COPY OF DOCUMENT FROM FILE (MICROFILM): \$8.00 FEE
¥	10 YEAR DRIVER RECORD: \$8.00 FEE (Employment Purposes Only)	CERTIFIED COPY OF DOCUMENT FROM FILE: \$30.00 FEE
Λ.		story Driving Record on PennDOT'S website at www.dmv.state.pa.us B END USER OF INFORMATION BEING REQUESTED
Α	REQUESTER INFORMATION NAME/COMPANY	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY
	American Driving Records	
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the	Oxford Document Management ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence
	only address.	055 18/4 113-15
	2860 Gold Tailings Ct.	655 West Highway 10
	Rancho Cordova CA 95670 DAYTIME TELEPHONE NUMBER (REQUIRED) (800) 766-6877	
	RELATIONSHIP TO DRIVER (REQUIRED) Vendor Vendor	RELATIONSHIP TO DRIVER (REQUIRED) Employer
		D AFFIDAVIT OF INTENDED USE
	SIGNATURE X	Intended Use of the Information Requested: CHECK ONLY ONE
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	☐ B=Driver Release (Driver must complete Section E.) ☐ C=Credit Business (Legitimate Business need in connection with a business
С	DRIVER INFORMATION	transaction initiated by the driver.)
لثا	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 obligation.)
	ADDRESS	E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)
	CITY	R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
	STATE ZIP CODE	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).
	PHONE NUMBER	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
E	DRIVER RELEASE	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
	hereby request	form after its completion, and I/We swear or affirm that the statements
	NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's	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
	Record to American Driving Records	4903(a)(2) (relating to false swearing), which shall include punishment
	NAME OF PERSON/COMPANY	of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.
	X	X
	SIGNATURE OF DRIVER DATE	SIGNATURE OF REQUESTER
F	MICROFILM	Title Records Supervisor
	TYPE OF DOCUMENT DATE OF VIOLATION	Title Records Supervisor SUBSCRIBED AND SWORN
		TO BEFORE ME: MONTH DAY YEAR
	(see list of available documents below)	
	Documents Available:	SIGNATURE OF PERSON ADMINISTERING OATH
	Suspension Credit Affidavits Court Certifications Applications Applications Court Certifications Suspension/Revocation Letters Restoration Letters Rescind Letters Department Hearing or Exam Notice	SIGNATURE OF PERSON ADMINISTERING OATH S E A SIGN IN PRESENCE OF NOTARY
ı	MESSENGER NO.	