



# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$5.00 FEE (Driver history is **not** included)  
☐ 3 YEAR DRIVER RECORD: \$5.00 FEE  
☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes 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

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b> NAME/COMPANY <b>County House Research, Inc.</b> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <b>42 South 15th Street #1200</b> CITY STATE ZIP CODE <b>Philadelphia, PA 19102</b> DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(215) 717-7433</b> RELATIONSHIP TO DRIVER (REQUIRED) <b>Application Processing</b>  SIGNATURE <b>X</b> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY <b>Carolina Connections, Inc.</b> ADDRESS <small>(PO Box not acceptable), need to provide physical location of business/residence</small> <b>141 Moore Ave</b> CITY STATE ZIP CODE <b>Mount Airy, NC 27030</b> DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(336) 786-7030</b> RELATIONSHIP TO DRIVER (REQUIRED) <b>Application Processing</b>
<b>C DRIVER INFORMATION</b> NAME: LAST FIRST INITIAL  ADDRESS  CITY  STATE ZIP CODE  PHONE NUMBER  DRIVER NUMBER  DATE OF BIRTH SOCIAL SECURITY NUMBER MONTH DAY YEAR	<b>D AFFIDAVIT OF INTENDED USE</b> Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit</b> (In connection with a credit transaction involving the driver.) <input checked="" type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)  I hereby Certify that <b>County House Research, Inc.</b> 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.
<b>E DRIVER RELEASE</b> I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY <b>X</b> SIGNATURE OF DRIVER DATE	<b>F MICROFILM</b> TYPE OF DOCUMENT DATE OF VIOLATION  (see list of available documents below) <b>Documents Available:</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>
<b>G NOTARIZATION</b> SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR <b>X</b> SIGNATURE OF PERSON ADMINISTERING OATH  SIGN IN PRESENCE OF NOTARY	