

## Pennsylvania MVR State Form Procedures for Drivers

The process for completing Pennsylvania State MVR forms is as follows:

- 1. Please complete all fields in Section C titled: "Driver Information".
- 2. Please complete all fields in section E titled: "Driver Release". The State will not release records if the section is not filled completely.
- 3. Please provide your employer name in the upper right hand corner of the State Request for Driver Information form.

## DO NOT SEND PAYMENT OR FORM TO THE STATE OF PENNSYLVANIA

4. Please mail or fax the completed form directly to:

Wheels, Inc. Attn: SafetyFirst P.O. Box 1816 Des Plaines, IL 60017

Fax: 847-627-8662

\*\*Please note - If your company requires you to submit an authorization through Wheels, please insure the authorization process is completed prior to the submission of the state/provincial form; the form will not be submitted until the authorization process has been completed. The authorization process will appear in Driver Tools as a requirement if it has not yet been completed.

If you have any questions, please contact the Safety Department at <a href="mailto:safetyfirst@wheels.com">safetyfirst@wheels.com</a>.

Thank you for your assistance.





## 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: \$9.00 FEE (Driver history is not included)				☐ FULL HISTORY: \$9.00 FEE☐ CERTIFIED DRIVER RECORD: \$32.00 FEE☐				
3 YEAR DRIVER RECORD: \$9.00 FEE				□ COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE				
_	10 YEAR DRIVER RECORD: \$9.00 FEE (Employment Purposes Only)				☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE			
A REQUESTER INFORMATION				riving Record on PennDOT'S website at www.dmv.pa.gov B   END USER OF INFORMATION BEING REQUESTED				
띡	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)  RELATIONSHIP TO DRIVER (REQUIRED)  SIGNATURE X  NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence  CITY STATE ZIP CODE  DAYTIME TELEPHONE NUMBER (REQUIRED)				
С				C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)				
Ľ	NAME: LAST FIRST INITIAL			<ul> <li>□ C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)</li> <li>□ E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)</li> <li>□ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</li> <li>□ 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).</li> </ul>				
	ADDRESS							
	CITY							
	STATE ZIP CODE							
	PHONE NUMBER  DATE OF BIRTH DRIVER NUMBER (LICENSE NUMBER)  MONTH DAY YEAR		L=Attorney representing driver identified in Section C (Driver must complete Section E.)  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					
E	E DRIVER RELEASE			- 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				
	I hereby request							
	the Department of Transportation to furnish a copy of my PA Driver's Record to							
	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.					
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F	MICROFILM	5,112		<u> </u>	SIGNATURE OF REQUESTER			
Ė	TYPE OF DOCUMENT DATE OF VIOLATION		Ti	tle	Records Supervisor			
	THE OF BOOMENT	DATE OF VIOLATION		SUB	JBSCRIBED AND SWORN			
				TO E	D BEFORE ME: MONTH DAY YEAR			
	(see list of available documents below)  Documents Available:			X	(			
					SIGNATURE OF PERSON ADMINISTERING OATH	_		
	Citations     Court Certifications     Applications     License Renewals     Judgments     Suspension Credit Affidavits     Suspension/Revocation Letters     Restoration Letters     Rescind Letters     Department Hearing or Exam Notice		NOTARIZATION	SEA	E			
MESSENGER NO.					<u> </u>			