

Pennsylvania MVR State Form Procedures for Qualified Dependents

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 the company leasing vehicle's 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 form directly to:

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

Fax: 847-699-5970 or 847-627-8662

If you have any questions, please contact the Safety Department at safetyfirst@wheels.com.

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 ☐ 10 YEAR DRIVER RECORD: \$9.00 FEE (Employment Purposes Only)				☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE					
You may obtain a copy of your own 3 year, 10 year and/or Driving Record on PennDOT'S website at www.dmv.pa.g								•	
Α	REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED							
	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)			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)					
				D AFFIDAVIT OF INTENDED USE					
	IGNATURE 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.)					
С				☐ C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)					
	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.) □ E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) □ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. 					
	ADDRESS								
	CITY								
	STATE ZIP CODE		■ K = Court Order must be attached. (A subpoena issued in compliance 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 DRI	DRIVER NUMBER		I hereby Certify that PRINTED NAME OF REQUESTER					
	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					
Ε	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 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					
	I hereby request								
	the Department of Transportation to furnish a copy of my PA Driver's Record to			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					
				an t	wo years, or bot		·		
	SIGNATURE OF DRIVER DATE		SIGNATURE OF REQUESTER						
F	MICROFILM					SIGNATURE OF REQUE	SIER		
	TYPE OF DOCUMENT	DATE OF VIOLATION	Ti	tle _					
					BSCRIBED AND SWO	RN MONTH	DAY	YEAR	
	(see list of available documents below)		NOTARIZATION	-					
	Documents Available:			<u> X</u>		NATURE OF PERSON ADI	MINISTERING OATH		
				S E A SIGN IN PRESENCE OF NOTARY					
MESSENGER NO.									