



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)

3 YEAR DRIVER RECORD: **\$9.00 FEE**

10 YEAR DRIVER RECORD: **\$9.00 FEE** (Employment Purposes Only)

FULL HISTORY: **\$9.00 FEE**

CERTIFIED DRIVER RECORD: **\$32.00 FEE**

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.gov

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY Datalink Services, Inc</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 3000 T St Ste 202/203</td> </tr> <tr> <td>CITY Sacramento</td> <td>STATE ZIP CODE CA 95816</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) 866-454-3238</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) Vendor</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY Datalink Services, Inc		ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 3000 T St Ste 202/203		CITY Sacramento	STATE ZIP CODE CA 95816	DAYTIME TELEPHONE NUMBER (REQUIRED) 866-454-3238		RELATIONSHIP TO DRIVER (REQUIRED) Vendor		SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence</td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED)</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) Employer</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		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) Employer																							
A REQUESTER INFORMATION																																																	
NAME/COMPANY Datalink Services, Inc																																																	
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 3000 T St Ste 202/203																																																	
CITY Sacramento	STATE ZIP CODE CA 95816																																																
DAYTIME TELEPHONE NUMBER (REQUIRED) 866-454-3238																																																	
RELATIONSHIP TO DRIVER (REQUIRED) Vendor																																																	
SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																	
B END USER OF INFORMATION BEING REQUESTED																																																	
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) Employer																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST</td> <td>FIRST INITIAL</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2">CITY</td> </tr> <tr> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">PHONE NUMBER</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH DAY YEAR</td> <td></td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST	FIRST INITIAL	ADDRESS		CITY		STATE	ZIP CODE	PHONE NUMBER		DATE OF BIRTH	DRIVER NUMBER	MONTH DAY YEAR		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) </td> </tr> <tr> <td colspan="2"> <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.) </td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. </td> </tr> <tr> <td colspan="2"> <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). </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) </td> </tr> <tr> <td colspan="2"> I hereby Certify that Datalink Services, Inc <small>PRINTED NAME OF REQUESTER</small> </td> </tr> <tr> <td colspan="2"> 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. </td> </tr> <tr> <td colspan="2"> X <small>SIGNATURE OF REQUESTER</small> </td> </tr> <tr> <td colspan="2"> Title _____ </td> </tr> <tr> <td colspan="2"> SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR </td> </tr> <tr> <td colspan="2"> X <small>SIGNATURE OF PERSON ADMINISTERING OATH</small> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> SIGN IN PRESENCE OF NOTARY </td> </tr> </table>	D AFFIDAVIT OF INTENDED USE		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.)		I hereby Certify that Datalink Services, Inc <small>PRINTED NAME OF REQUESTER</small>		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.		X <small>SIGNATURE OF REQUESTER</small>		Title _____		SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR		X <small>SIGNATURE OF PERSON ADMINISTERING OATH</small>		SIGN IN PRESENCE OF NOTARY	
C DRIVER INFORMATION																																																	
NAME: LAST	FIRST INITIAL																																																
ADDRESS																																																	
CITY																																																	
STATE	ZIP CODE																																																
PHONE NUMBER																																																	
DATE OF BIRTH	DRIVER NUMBER																																																
MONTH DAY YEAR																																																	
D AFFIDAVIT OF INTENDED USE																																																	
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.)																																																	
I hereby Certify that Datalink Services, Inc <small>PRINTED NAME OF REQUESTER</small>																																																	
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.																																																	
X <small>SIGNATURE OF REQUESTER</small>																																																	
Title _____																																																	
SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR																																																	
X <small>SIGNATURE OF PERSON ADMINISTERING OATH</small>																																																	
SIGN IN PRESENCE OF NOTARY																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2"> I _____ hereby request <small>NAME OF DRIVER</small> the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc <small>NAME OF PERSON/COMPANY</small> X <small>SIGNATURE OF DRIVER</small> DATE </td> </tr> </table>	E DRIVER RELEASE		I _____ hereby request <small>NAME OF DRIVER</small> the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc <small>NAME OF PERSON/COMPANY</small> X <small>SIGNATURE OF DRIVER</small> DATE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2"> <small>(see list of available documents below)</small> </td> </tr> <tr> <td colspan="2"> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice </td> </tr> </table>	F MICROFILM		TYPE OF DOCUMENT	DATE OF VIOLATION	<small>(see list of available documents below)</small>		Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																					
E DRIVER RELEASE																																																	
I _____ hereby request <small>NAME OF DRIVER</small> the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc <small>NAME OF PERSON/COMPANY</small> X <small>SIGNATURE OF DRIVER</small> DATE																																																	
F MICROFILM																																																	
TYPE OF DOCUMENT	DATE OF VIOLATION																																																
<small>(see list of available documents below)</small>																																																	
Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																																	
<p>MESSANGER NO.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">NOTARIZATION</td> <td style="width: 100px; text-align: center; vertical-align: middle;">S E A L</td> </tr> </table>	NOTARIZATION	S E A L																																														
NOTARIZATION	S E A L																																																