



**Corra Group
Background Screening Solutions**

201 Continental Blvd, Ste 107
El Segundo, CA 90245-4598
Tel: (310) 524-9800 Fax: (310) 774-3970
CorraGroup.com

**Pennsylvania Program Update
Subaccount Required**

(February 2024)

A PennDOT Subaccount is required to order Pennsylvania MVRs with Corra Group. The subaccount process takes approximately 4-8 weeks due to PennDOT staffing shortfalls. If you already have a PennDOT subaccount with Corra Group, there is no need to apply for a new one.

After your subaccount is approved by PennDOT, your Pennsylvania MVRs will be completed with SAME DAY TURNAROUND, provided you have uploaded a completed Pennsylvania release form for each driver.

INSTRUCTIONS

Step 1: Complete the PennDOT Form DL-9105 (5-22) Employment Affidavit of Intended Use ("Affidavit") and the document "Pennsylvania Compliance Terms" which is attached. This is a one-time requirement for your company.

Complete your Company Affidavit, fill out all the information, get it notarized the same day you sign the form (notary signature date must match your signature date).

Customers should submit all completed Affidavits to Corra Group (a scanned PDF via email is acceptable sent to Customer Care at admin@corrargroup.com)

Step 2: Your completed affidavit will be submitted by CORRA GROUP to PennDOT, and subject to PennDOT approval, will update your account with a special access code and notify you that your account is ready.

Step 3: Driver must sign PA Release form and upload to our website using the clicking the 'upload document(s) for this report' feature inside your account.



Account Number: _____

IS THIS AN UPDATE TO THE EXISTING SUBACCOUNT? YES NO
IF YES, THE CURRENT SUBACCOUNT NUMBER MUST BE LISTED.

SUBACCOUNT NUMBER _____

EMPLOYMENT AFFIDAVIT OF INTENDED USE INFORMATION SALES UNIT

(See Reverse Side for Instructions)

Business Type (check one): Individual Partnership Corporation Non-Profit

Legal Business Name: _____

D/B/A Name (if applicable): _____

Person Responsible: Name: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax No.: _____

E-mail: _____ Website Address: _____

Federal Employer ID No.: _____ If Corporation, Date & State of Incorporation: _____

Year Business Established: _____ Dun & Bradstreet #: _____ U.S. DOT #: _____ (if applicable)

Location of Records: For departmental on-site inspection, audit and review purposes. Check here, If address is same as above.

Street Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____**Ownership:** List below individual, each partner, or each corporate officer participating in the direction, control or management of the business. Attach list if needed.

Name (Last, First, MI)	Title	Phone Number	Email Address
1.			
2.			
3.			

Please initial each statement below and sign at the bottom of the form.

- _____ 1. I swear or affirm that any requested information will be used for **employment** purposes only.
- _____ 2. I swear or affirm that I have on file a signed release for the subject of each driver record requested.
- _____ 3. I swear or affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the confidentiality of these records.
- _____ 4. I swear or affirm that I will not request driver information from the Department for personal reasons. (Examples of inappropriate access or misuse of Department information include, but are not limited to: making personal inquiries on my own record or those of my relatives; accessing information about another person, including locating their residence address, for any reason that is not related to my job responsibilities.)
- _____ 5. I swear or affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.
- _____ 6. I swear or affirm that I understand that the Department retains exclusive ownership of all driver record information provided and no record shall be combined and/or linked in with any other data on any database for any reason.
- _____ 7. I swear or affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types of mail or mailings.
- _____ 8. I swear or affirm that I will not disseminate or publish on the Internet the personal information obtained from the Department or allow any other person to disseminate or publish the personal information on the Internet without the express written permission of the Department.
- _____ 9. I 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 a term of imprisonment of not more than two years, or both.

Subscribed and Sworn			
to Before Me:	Mo.	Day	Year
S E A L	Signature of Person Administering Oath		
	Sign in Presence of Notary		

Signature_____
Date_____
Title

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INTENDED USE

1. The affidavit must be completed and signed by a member of your agency or firm who has the authority to certify the agency or firm's compliance.
2. Please complete each line on the form in its entirety to avoid delays in processing your affidavit. If requested information does not apply to your business insert **n/a** (not-applicable) on that line.
3. The person responsible for completing the affidavit **must initial each of the nine (9) declaration statements, then sign and date the form in the presence of a Notary.**
4. This affidavit must be returned to your information provider.
5. You are required to complete, notarize and file a new Affidavit of Intended Use whenever information about your company changes. (name, address, ownership, telephone, website, etc.)
6. If you need assistance in completing this affidavit, please contact your information provider.

PENNSYLVANIA COMPLIANCE TERMS

Required for access to PA records through the SambaSafety System

1. Confidentiality of Personal Information. Customer acknowledges that in connection with the receipt of Motor Vehicle Records ("MVR") data, it may receive "Personal Information" (including without limitation: name, address, driver's license number, date of birth) from the State of Pennsylvania. Customer agrees to treat as confidential all Personal Information received from the State of Pennsylvania through any source and to use such information only as permitted under applicable laws, and to disclose personal information only to those authorized and who have a need to know such information to accomplish their duties in accordance with applicable laws. Customer will not disclose Personal Information, except to Customer's affiliates, employees, agents or professional advisors who need to know it and who have agreed in writing (or in the case of professional advisors are otherwise bound) to keep it confidential and to use it only in accordance with applicable laws.

2. Use and Ownership of MVR Data. Customer agrees to only use the MVR data obtained as set forth in any applicable state-mandated forms, or that they will obtain approval from applicable state agencies prior to the release of any individual's name and address. Exclusive proprietary ownership of MVRs remains with the State of Pennsylvania and Customer agrees that use of MVR data is restricted to use, one time, for the permissible purpose declared by Customer.

3. Account Information. In order to receive MVR data from the State of Pennsylvania through SambaSafety, Customer: (a) shall not provide any such information to any third party; (b) agrees to limit access to Information Services only to its current employees whose responsibilities require such access and only to the extent necessary for its proper use in accordance with Applicable Law and as authorized by the Agreement; (c) agrees to immediately terminate the User ID and password granted in connection with the Agreement for any employee that leaves Customer's organization or violates any terms or conditions of the Agreement or in the event there is reason to believe such User ID or password might be compromised; (d) shall remain fully responsible and liable for any unauthorized use of its account number, User IDs or passwords granted in connection with receipt of Pennsylvania MVR data; and (e) agrees that Customer's employees shall be forbidden to attempt to obtain MVR data on themselves, associates, or any other persons, except in the exercise of their official duties for Customer.

4. Other Conditions

a) Retention. Customer shall make commercially reasonable efforts to promptly and adequately destroy any MVR data in its possession when the MVR data is no longer required for its authorized permissible purpose.

b) Use of Information Services. Customer will not disclose, distribute, resell and/or transfer any MVR data to any third party, nor provide any MVR data to individuals who are the subjects of MVR data, or to the general public except as required by the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., nor permit any third party direct access to the MVR data except as expressly permitted herein. Customer shall not, and shall not permit others to, use any MVR data for any solicitations, direct mail advertising, or any other mailings or communications.

Acknowledged and Agreed:

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____

Company Name ("Customer") _____

Pennsylvania Updated Motor Vehicle Records Release Form Required

INSTRUCTIONS

A specific release form (DL 503) version 7-23 is required when ordering Pennsylvania motor vehicle records. Please have your applicant complete **“SECTION C”** and **“SECTION E”** of the attached PA MVR consent form. **Please leave all other fields blank.** Return the signed release form to Corra Group by uploading to your search by clicking the 'upload document(s) for this report' feature inside your account.

Note: You must have a PennDOT access code to order PA MVRs. Fill out the Company Affidavit and return to Corra Group before ordering any PA MVRs.

Pennsylvania Release Form Instructions:

A - REQUESTOR INFORMATION: **LEAVE BLANK.** Do not input any information in Section A.

A REQUESTOR INFORMATION			
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	
LEAVE BLANK			
DAYTIME TELEPHONE NUMBER (REQUIRED)			
RELATIONSHIP TO DRIVER (REQUIRED)			
SIGNATURE <u>X</u>			
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD			

B - END USER OF INFORMATION BEING REQUESTED:

Complete this section with your business information.

NOTE: PO Boxes are not acceptable addresses, need to provide physical location of business/organization.

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	
FILL THIS IN			
DAYTIME TELEPHONE NUMBER (REQUIRED)			
RELATIONSHIP TO DRIVER (REQUIRED) <u>Employer</u>			

C - DRIVER INFORMATION – DRIVER COMPLETES THE FOLLOWING

- Driver Last Name, First Name
- Driver Address Information
- Driver Phone Number
- Driver's Date of Birth
- Driver License Number

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 – Pre-Filled WITH Employment Purposes Only: **Do not make any changes.** We do not process any requests for any other purpose than E, Employment.

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/employment risk 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. 4009.2 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.)

E - DRIVER RELEASE – DRIVER COMPLETES THE FOLLOWING

- Driver Full Name –
- Name of Person/Company – **LEAVE BLANK**
- Driver Signature and Date – Please have applicant/employee sign and date their signature. **Note: Signature must have a date, or the release form will be rejected.**

E DRIVER RELEASE
I _____ FILL IN _____ hereby request
<small>NAME OF DRIVER</small>
the Department of Transportation to furnish a copy of my PA Driver's Record to _____ LEAVE BLANK
<small>NAME OF PERSON/COMPANY</small>
<input checked="" type="checkbox"/> _____ FILL IN _____ DATE OF SIGNATURE
<small>SIGNATURE OF DRIVER</small> <small>DATE</small>

F – MICROFILM – LEAVE BLANK

F MICROFILM
TYPE OF DOCUMENT _____ LEAVE BLANK
DATE OF VIOLATION _____ LEAVE BLANK
<small>(see list of available documents below)</small>

DO NOT SIGN OR NOTORIZE –

We will notarize the form and submit to Pennsylvania Department of Transportation.

I hereby Certify that _____ LEAVE BLANK _____	
<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.	
<input checked="" type="checkbox"/> _____ LEAVE BLANK	
<small>SIGNATURE OF REQUESTER</small>	
Records Supervisor	
<small>Title</small>	
NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR
	<input checked="" type="checkbox"/> _____ DO NOT
	<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>
SEAL	NOTARIZE
	<small>SIGN IN PRESENCE OF NOTARY</small>



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: **\$14.00 FEE** (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: **\$14.00 FEE**
- 10 YEAR DRIVER RECORD: **\$14.00 FEE** (*Employment Purposes Only*)

- FULL HISTORY: **\$14.00 FEE**
- CERTIFIED DRIVER RECORD: **\$44.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$14.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$44.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

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