

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 creditworthiness risk associated with an existing credit obligation.)
<input checked="" type="checkbox"/>	E = Employment (To support the firing 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 _____	hereby request
<small>FILL IN</small>	<small>NAME OF DRIVER</small>
the Department of Transportation to furnish a copy of my PA Driver's Record to _____	
<small>LEAVE BLANK</small>	<small>NAME OF PERSON/COMPANY</small>
<input checked="" type="checkbox"/> _____	DATE OF SIGNATURE
<small>FILL IN</small>	<small>DATE</small>
<small>SIGNATURE OF DRIVER</small>	<small>DATE</small>

F – MICROFILM – LEAVE BLANK

F MICROFILM	
TYPE OF DOCUMENT	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 _____	
<small>LEAVE BLANK</small>	
<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"/>	_____
<small>SIGNATURE OF REQUESTER</small>	<small>LEAVE BLANK</small>
Records Supervisor	
Title _____	
SUBSCRIBED AND SWORN	
TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR	
<input checked="" type="checkbox"/>	_____
<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>	DO NOT NOTARIZE
NOTARIZATION	S E A L
	SIGN IN PRESENCE OF NOTARY



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

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
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C DRIVER INFORMATION	D AFFIDAVIT OF INTENDED USE
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NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE OF BIRTH			DRIVER NUMBER	MONTH	DAY	YEAR						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 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 --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
DATE OF BIRTH			DRIVER NUMBER										
MONTH	DAY	YEAR											

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 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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.

E DRIVER RELEASE

I _____ NAME OF DRIVER 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 _____

F MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION
<i>(see list of available documents below)</i>	

Documents Available:

- Citations
- Ignition Interlock Removal Letter
- Court Certifications
- Suspension/Revocation Letters
- Applications
- Restoration Letters
- License Renewals
- Rescind Letters
- Judgments
- Department Hearing or Exam Notice
- Suspension Credit Affidavits

MESSANGER NO. _____

NOTARIZATION

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X _____ SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF NOTARY