



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

SambaSafety Account Number (required)

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

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY SambaSafety	
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 2860 Gold Tailings Ct.	
CITY Rancho Cordova	STATE ZIP CODE CA 95670
DAYTIME TELEPHONE NUMBER (REQUIRED) (800) 766-6877	
RELATIONSHIP TO DRIVER (REQUIRED) Vendor	
SIGNATURE X	
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	

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	

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**

- B = Driver Release** (Driver must complete Section E.)
- C = Credit Business** (Legitimate Business need in connection with a business transaction initiated by the driver.)
- 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.
- 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).
- L = Attorney** representing driver identified in Section C (Driver must complete Section E.)

E DRIVER RELEASE

I _____ hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to **SambaSafety**

NAME OF DRIVER
NAME OF PERSON/COMPANY

X _____ DATE _____
SIGNATURE OF DRIVER

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 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 _____
SIGNATURE OF REQUESTER

F MICROFILM

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

Title **Records Supervisor**

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

- Documents Available:**
- Citations
 - Court Certifications
 - Applications
 - License Renewals
 - Judgments
 - Suspension Credit Affidavits
 - Suspension/Revocation Letters
 - Restoration Letters
 - Rescind Letters
 - Department Hearing or Exam Notice

NOTARIZATION

X _____
SIGNATURE OF PERSON ADMINISTERING OATH

S E A L

SIGN IN PRESENCE OF NOTARY

MESSENGER NO.