



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)
 3 YEAR DRIVER RECORD: **\$5.00 FEE**
 10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: **\$10.00 FEE**
 COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**
 CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
NAME/COMPANY BackTrack, Inc	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> 8850 Tyler Blvd	ADDRESS <i>(PO Box not acceptable), need to provide physical location of business/residence</i>
CITY STATE ZIP CODE Mentor OH 44060	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) (440) 205-8280	DAYTIME TELEPHONE NUMBER (REQUIRED)
RELATIONSHIP TO DRIVER (REQUIRED) Employment	RELATIONSHIP TO DRIVER (REQUIRED)
SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	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 (In connection with a credit transaction involving the driver.) <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.)
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DRIVER NUMBER DATE OF BIRTH SOCIAL SECURITY NUMBER MONTH DAY YEAR	I hereby Certify that Katie Loucks 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 Title Investigator
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER 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 (see list of available documents below) 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
	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X SIGNATURE OF PERSON ADMINISTERING OATH NOTARIZATION S E A L SIGN IN PRESENCE OF NOTARY

MESSANGER NO.