



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- | | |
|--|--|
| <input type="checkbox"/> BASIC INFORMATION: \$5.00 FEE (<i>Driver history is not included</i>)
<input type="checkbox"/> 3 YEAR DRIVER RECORD: \$5.00 FEE
<input checked="" type="checkbox"/> 10 YEAR DRIVER RECORD: \$5.00 FEE (<i>Employment Purposes Only</i>) | <input type="checkbox"/> CERTIFIED DRIVER RECORD: \$10.00 FEE
<input type="checkbox"/> COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
<input type="checkbox"/> CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE |
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You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S website at www.dmv.state.pa.us

A REQUESTER INFORMATION NAME/COMPANY <p style="text-align: center;">Red Rose Transit Authority</p> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <p style="text-align: center;">45 Erick Road</p> CITY STATE ZIP CODE <p style="text-align: center;">Lancaster PA 17601</p> DAYTIME TELEPHONE NUMBER (REQUIRED) (717) 397-5613 RELATIONSHIP TO DRIVER (REQUIRED) Safety & Training Mgr. <p style="text-align: center;">Lisa M. Marion</p> SIGNATURE <input checked="" type="checkbox"/> <i>Lisa M. Marion</i> NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY ADDRESS (PO Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED)																
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DRIVER NUMBER DATE OF BIRTH SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR														D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (<i>Driver has given written authorization to obtain his/her record.</i>) <input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>) <input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i>) <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. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>) <input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver has given written authorization to obtain his/her record.</i>) I hereby Certify that <u>Lisa M. Marion</u> <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"/> <i>Lisa M. Marion</i> <small>SIGNATURE OF REQUESTER</small> Title <u>Safety and Training Manager</u>
MONTH	DAY	YEAR															
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 <u>Red Rose Transit Authority</u> <small>NAME OF PERSON/COMPANY</small> <input checked="" type="checkbox"/> _____ <small>SIGNATURE OF DRIVER</small> 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 																
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MESSANGER NO.