



Please be advised that when requesting Pennsylvania DMV records for employment purposes, the End-user is required to have a Pennsylvania State release form signed by the prospective applicant/employee. This state release form must be fax to Softech at 1-305-647-6504.

STATE SPECIFIC INFORMATION: PennDOT Form DL 503 (8-08)

1. Section A: Requestor Information (SOFTECH) – Pre Filled - DO NOT SIGN
2. Section B: End User Information (**employer info**)
3. Section C: Driver Information
 - Last Name, First Name
 - Complete Address Information
 - Driver's License Number
 - Date of Birth
4. Section D Intended Use – Pre Filled – DO NOT SIGN OR NOTARIZE
5. Section E: Driver Release
 - Driver Full Name
 - Name of Person/Company
 - Driver Signature and Date – Please have applicant/employee sign and date.
6. Section F: Microfilm – LEAVE BLANK

IMPORTANT:

The **PennDOT Form DL 503 (8-08):**

1. Must be completed and faxed to Softech at 1-305-647-6504 in order for the request to be filled.
2. **DO NOT SEND A FAX COVER SHEET**
3. Must be completed as directed and kept on file by the end-user/employer.

REQUEST FOR DRIVER INFORMATION

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

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

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: **\$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

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i></td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) () _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">SIGNATURE <u>X</u></td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		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) _____		SIGNATURE <u>X</u>		NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i></td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) () _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		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) _____													
A REQUESTER INFORMATION																																									
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) _____																																									
SIGNATURE <u>X</u>																																									
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																									
B END USER OF INFORMATION BEING REQUESTED																																									
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) _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST</td> <td>FIRST INITIAL</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2">CITY</td> </tr> <tr> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">PHONE NUMBER () _____</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH DAY YEAR</td> <td></td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST	FIRST INITIAL	ADDRESS		CITY		STATE	ZIP CODE	PHONE NUMBER () _____		DATE OF BIRTH	DRIVER NUMBER	MONTH DAY YEAR		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> B = Driver Release (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td colspan="2"><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).</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)</td> </tr> <tr> <td colspan="2">I hereby Certify that _____ PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2">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.</td> </tr> <tr> <td colspan="2"><u>X</u> _____ SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	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 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.)		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.		<u>X</u> _____ SIGNATURE OF REQUESTER		Title _____	
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																																									
<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 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.)																																									
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.																																									
<u>X</u> _____ SIGNATURE OF REQUESTER																																									
Title _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2">I _____ hereby request NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY</td> </tr> <tr> <td><u>X</u> _____ SIGNATURE OF DRIVER</td> <td>_____ DATE</td> </tr> </table>	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		<u>X</u> _____ SIGNATURE OF DRIVER	_____ DATE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2">(see list of available documents below)</td> </tr> <tr> <td colspan="2"> 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 </td> </tr> </table>	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 																									
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																																									
<u>X</u> _____ 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 																																									
<p>MESSANGER NO. _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">SUBSCRIBED AND SWORN TO BEFORE ME:</td> <td style="width:10%; text-align: center;">MONTH</td> <td style="width:10%; text-align: center;">DAY</td> <td style="width:10%; text-align: center;">YEAR</td> </tr> <tr> <td colspan="4" style="text-align: center;"><u>X</u></td> </tr> <tr> <td colspan="4" style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">S E A L</td> <td colspan="3" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR	<u>X</u>				SIGNATURE OF PERSON ADMINISTERING OATH				S E A L	SIGN IN PRESENCE OF NOTARY																										
SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR																																						
<u>X</u>																																									
SIGNATURE OF PERSON ADMINISTERING OATH																																									
S E A L	SIGN IN PRESENCE OF NOTARY																																								