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 (your company 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.

CHECK (✔) ONE ONLY:

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

☐ BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included) ☐ CERTIFIED DRIVER RECORD: \$10.00 FEE ☐ 3 YEAR DRIVER RECORD: \$5.00 FEE □ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE ☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only) ☐ 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 **REQUESTER INFORMATION END USER OF INFORMATION BEING REQUESTED** NAME/COMPANY NAME/COMPANY ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) (DAYTIME TELEPHONE NUMBER (REQUIRED) (RELATIONSHIP TO DRIVER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED) D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE SIGNATURE X ■ B = Driver Release (Driver must complete Section E.) NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD ☐ C = Credit (In connection with a credit transaction involving the driver.) **DRIVER INFORMATION** ☐ **E=Employment** (To support the hiring or the continuation of employment. NAME: Driver must complete Section E.) FIRST INITIAL R=Insurance Company requesting record of person it intends to insure, ADDRESS 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). CITY L=Attorney representing driver identified in Section C (Driver must STATE ZIP CODE complete Section E.) PHONE NUMBER I hereby Certify that) PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 DATE OF BIRTH DRIVER NUMBER of the Pennsylvania Vehicle Code, for the purpose checked above only MONTH DAY YEAR 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 **DRIVER RELEASE** 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 hereby request NAME OF DRIVER of a fine not exceeding \$5,000, or to a term of imprisonment of not more the Department of Transportation to furnish a copy of my PA Driver's than two years, or both. Record to NAME OF PERSON/COMPANY SIGNATURE OF REQUESTER SIGNATURE OF DRIVER DATE Title **MICROFILM** TYPE OF DOCUMENT DATE OF VIOLATION SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR (see list of available documents below) NOTARIZATION SIGNATURE OF PERSON ADMINISTERING OATH **Documents Available:** Citations Suspension Credit Affidavits Court Certifications Suspension/Revocation Letters S Applications Restoration Letters Ε • License Renewals Rescind Letters SIGN IN PRESENCE OF NOTARY Α Judgments . Department Hearing or Exam Notice MESSENGER NO.