

## **PA Motor Vehicle Report**

## Instructions to order search

To order a PA Motor Vehicle Report, please follow these instructions:

- 1. Order the PA Motor Vehicle Report online through your NCS account.
- 2. Have the applicant complete the attached DL-503 Request for Driver Information.
  - a. ONLY complete Sections B, C & E.
  - b. Please TYPE everything but the applicant's signature.
  - c. Leave all other sections blank.
  - d. Form does NOT need to be notarized.
  - e. E-mail the completed form to <u>support@nationalcrimesearch.com</u> or fax to NCS at 800-571-6303.
  - f. Please note that incorrectly completed forms will delay results and illegible forms will be rejected.
- 3. Have the applicant complete the standard "Employee/Applicant Authorization" found under Forms & Downloads on the NCS site. Keep this form on file for your records.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Please allow 7-10 business days for results.

Contact NCS if you have any questions.

Phone: 888-527-3282 Fax: 800-571-6303

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS Customer Support



## REQUEST FOR DRIVER INFORMATION

## 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: \$11.00 FEE (Driver history is not included)				☐ FULL HISTORY: \$11.00 FEE ☐ CERTIFIED DRIVER RECORD: \$36.00 FEE				
				COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE				
☐ 10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)					☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE			
You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov								
A	A REQUESTER INFORMATION  NAME/COMPANY			B END USER OF INFORMATION BEING REQUESTED  NAME/COMPANY				
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.  CITY STATE ZIP CODE  DAYTIME TELEPHONE NUMBER (REQUIRED)			/IE/C	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)				
				D AFFIDAVIT OF INTENDED USE				
	V			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 Business (Legitimate Business need in connection with a business				
С	DRIVER INFORMATION			transaction initiated by the driver.)  C = Credit Potential Investor, Server or Current Insurer (In connection				
	NAME: LAST FIRST INITIAL			with an assessment of the credit/payment risks associated with an existing credit obligation.)				
	ADDRESS			■ 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.				
	CITY							
	STATE ZIP CODE			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).				
	PHONE NUMBER				■ L=Attorney representing driver identified in Section C (Driver must complete Section E.)			
	DATE OF BIRTH DRIVER NUMBER		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					
	MONTH DAY YEAR							
Е	DRIVER RELEASE			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.				
	Ihereby request							
	NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to							
	NAME OF PERSON/COMPANY							
	X		X					
_	SIGNATURE OF DRIVER DATE  MICROFILM			SIGNATURE OF REQUESTER				
F			┨	41-				
	TYPE OF DOCUMENT	DATE OF VIOLATION	-"	tle .	SUBSCRIBED AND SWORN			
				ı	O BEFORE ME: MONTH DAY	YEAR		
	see list of available documents below)		NOTARIZATION	ト				
	Documents Available:			-	SIGNATURE OF PERSON ADMINISTERING OATH			
				$\ $	S E A SIGN IN PRESENCE OF NOTARY			
MESSENGER NO.								