

## **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: <u>support@nationalcrimesearch.com</u>

Thank you for your business.

Sincerely,

NCS Customer Support

Your Background Screening Partner

DL	-503 (7-17)	
	Pennsylvania DEPARTMENT OF TRANSPORTATION	
R	EQUEST FOR DRIVER INFORMATION	
	NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS	- Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695
	IECK (✔) ONE ONLY: BASIC INFORMATION: \$10.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$10.00 FEE 1 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)	<ul> <li>FULL HISTORY: \$10.00 FEE</li> <li>CERTIFIED DRIVER RECORD: \$34.00 FEE</li> <li>COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE</li> <li>CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE</li> </ul>
		Driving Record on PennDOT'S website at www.dmv.pa.gov
Α		B END USER OF INFORMATION BEING REQUESTED
	National Crime Search, Inc.	
	ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.	ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence
	3452 E Joyce Blvd	
	CITY <b>Fayetteville AR 72703</b> STATE ZIP CODE	CITY STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER (REQUIRED) 479-695-2111	DAYTIME TELEPHONE NUMBER (REQUIRED)
	RELATIONSHIP TO DRIVER (REQUIRED) Application processing	RELATIONSHIP TO DRIVER (REQUIRED) Potential employer
		D AFFIDAVIT OF INTENDED USE
	signature X	Intended Use of the Information Requested: CHECK ONLY ONE
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B = Driver Release</b> (Driver must complete Section E.)
С		<b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)
L	NAME: LAST FIRST INITIAL	C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
	ADDRESS	<b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)
	СПҮ	R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
	STATE ZIP CODE	<b>K</b> = 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 National Crime Search, Inc.
	MONTH DAY YEAR	PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114
<b>—</b>		of the Pennsylvania Vehicle Code, for the purpose checked above only
E		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
	Ihereby request	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
	the Department of Transportation to furnish a copy of my PA Driver's Record to <u>National Crime Search, Inc.</u>	
	NAME OF PERSON/COMPANY	than two years, or both
	SIGNATURE OF DRIVER DATE	- X SIGNATURE OF REQUESTER
F	MICROFILM	Customer Support
	TYPE OF DOCUMENT DATE OF VIOLATION	SUBSCRIBED AND SWORN
	(see list of available documents below)	TO BEFORE ME: MONTH DAY YEAR
	Documents Available:	SIGNATURE OF PERSON ADMINISTERING OATH
	• Citations• Suspension Credit Affidavits• Court Certifications• Suspension/Revocation Letters• Applications• Restoration Letters• License Renewals• Rescind Letters• Judgments• Department Hearing or Exam Notice	NOLVER A SIGNATURE OF PERSON ADMINISTERING OATH
	MESSENGER NO.	