DL-503 (7-15)



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

UPON COMPLETION PLEASE FAX

TO: 610-935-5446

I have	been a	resident	of	PA	for	years.
Social	Securit	tv #:			_	

(Required for background check)
Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

	HECK (✔) ONE ONLY: BASIC INFORMATION: \$9.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$9.00 FEE			FULL HISTORY: \$9.00 FEE CERTIFIED DRIVER RECORD: \$32.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE				
	10 YEAR DRIVER RÉCORD: \$9.00 FEE (Employment Purposes Only)	☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE						
- A	You may obtain a copy of your own 3 year or 10 year D							
Α	REQUESTER INFORMATION NAME/COMPANY	B		D USER OF INFORMATION BEING REQUESTED				
	M-5, Inc.	INA	VIE/COI	VIPAIN F				
	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						
	130 E Seven Stars Rd, PO Box 567							
	CITY STATE ZIP CODE	CIT	Y	STATE ZIP CODE				
	Phoenixville PA 19460							
	DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 935-0904	DAY	TIMET	TELEPHONE NUMBER (REQUIRED)				
	RELATIONSHIP TO DRIVER (REQUIRED) Employer	REL	ATION	SHIP TO DRIVER (REQUIRED)				
	60016.00	D	AFF	IDAVIT OF INTENDED USE				
	SIGNATURE X CLT MALLE	Inte	nded	Use of the Information Requested: CHECK ONLY ONE				
	NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD			B = Driver Release (Driver must complete Section E.)				
C	DRIVER INFORMATION	C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)						
	NAME: LAST FIRST INITIAL		 0	C= Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit/payment risks associated with an existing credit payment risks.				
	ADDRESS		₹	obligation.) E = Employment (To support the hiring or the continuation of employment. Drive must complete Section E.)				
1	CITY			=Insurance Company requesting record of person it intends to insure now insures, or has rejected for insurance.				
	STATE ZIP CODE			(= Court Order must be attached. (A subpoena issued in compliance wit 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	Ιh	ereby	Certify that Christi J Hilliard PRINTED NAME OF REQUESTER				
	MONTH DAY YEAR	wi of	II use	the driver record abstract(s) required pursuant to Section 6114 Pennsylvania Vehicle Code, for the purpose checked above only				
E	DRIVER RELEASE	an	d no	other reason. This affidavit is filed in compliance with Section				
1	lhereby request			the Fair Credit Reporting Act. I/We have read and signed this ter its completion, and I/We swear or affirm that the statements				
	NAME OF DRIVER			erein are true and correct, and that any statement made on or nt to this form is subject to the penalties of 18 Pa C.S. Section				
	the Department of Transportation to furnish a copy of my PA Driver's Record to	49	03(a)	(2) (relating to false swearing), which shall include punishment				
1	NAME OF PERSON/COMPANY	of	a fine	hot exceeding \$5,000, or to a term of imprisonment of not more				
	X	una M	an two	1 years 501 601/1				
_	SIGNATURE OF DRIVER DATE	X		SIGNATURE OF REQUESTER				
F	MICROFILM	22000		Executive Director				
1	TYPE OF DOCUMENT DATE OF VIOLATION	Titl	2	CRIBED AND SWORN				
-				FORE ME: MONTH DAY YEAR				
	(see list of available documents below)	_ [Χ					
	Documents Available:	ᅙ	<u> </u>	SIGNATURE OF PERSON ADMINISTERING OATH				
	Suspension Credit Affidavits Suspension/Revocation Letters Applications Restoration Letters Rescind Letters Department Hearing or Exam Notice	NOTARIZATION	S E A	SIGN IN PRESENCE OF NOTARY				
N	MESSENGER NO.							