

REQUEST FOR DRIVER INFORMATION

PA Drivers Only

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



DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

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 U. S. Security Care, Inc.</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> PO Box 518</td> </tr> <tr> <td>CITY Blue Bell</td> <td>STATE ZIP CODE PA 19422</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 542-7789</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) 3rd Party Service</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table> | A REQUESTER INFORMATION | | NAME/COMPANY U. S. Security Care, Inc. | | ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> PO Box 518 | | CITY Blue Bell | STATE ZIP CODE PA 19422 | DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 542-7789 | | RELATIONSHIP TO DRIVER (REQUIRED) 3rd Party Service | | SIGNATURE X 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 Gateway Search Associates</td> </tr> <tr> <td colspan="2">ADDRESS <small>(PO Box not acceptable), need to provide physical location of business/residence</small> 1787 Sentry Parkway</td> </tr> <tr> <td>CITY Blue Bell</td> <td>STATE ZIP CODE PA 19422</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 619-3026</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) Employment</td> </tr> </table> | B END USER OF INFORMATION BEING REQUESTED | | NAME/COMPANY Gateway Search Associates | | ADDRESS <small>(PO Box not acceptable), need to provide physical location of business/residence</small> 1787 Sentry Parkway | | CITY Blue Bell | STATE ZIP CODE PA 19422 | DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 619-3026 | | RELATIONSHIP TO DRIVER (REQUIRED) Employment | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A REQUESTER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME: LAST | FIRST | INITIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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MESSENGER NO.