



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

SambaSafety Account Number (Required):

D2614

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)

3 YEAR DRIVER RECORD: \$11.00 FEE

10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)

FULL HISTORY: \$11.00 FEE

CERTIFIED DRIVER RECORD: \$36.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE

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

<p>A REQUESTER INFORMATION</p> <p>NAME/COMPANY SambaSafety</p> <p>ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 11040 White Rock Road Suite 200</p> <p>CITY STATE ZIP CODE Rancho Cordova CA 95670</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) 800.766.6877</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Vendor</p> <p>SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p>B END USER OF INFORMATION BEING REQUESTED</p> <p>NAME/COMPANY Job's Daughters Int'l</p> <p>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence 233 W. 6th St.</p> <p>CITY STATE ZIP CODE Papillion NE 68046</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) 402-592-2177</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Employer</p>
<p>C DRIVER INFORMATION</p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DATE OF BIRTH DRIVER NUMBER</p> <p>MONTH DAY YEAR</p>	<p>D AFFIDAVIT OF INTENDED USE</p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <p><input type="checkbox"/> B = Driver Release (Driver must complete Section E.)</p> <p><input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)</p> <p><input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)</p> <p><input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)</p> <p><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)</p> <p>I hereby Certify that _____ PRINTED NAME OF REQUESTER</p> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only 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.</p> <p>X _____ SIGNATURE OF REQUESTER</p> <p>Title Records Supervisor</p>
<p>E DRIVER RELEASE</p> <p>I _____ NAME OF DRIVER</p> <p>hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to SambaSafety NAME OF PERSON/COMPANY</p> <p>X _____ SIGNATURE OF DRIVER</p> <p>DATE</p>	<p>F MICROFILM</p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p>(see list of available documents below)</p> <p>Documents Available:</p> <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice
<p>G MESSANGER NO.</p>	<p>NOTARIZATION</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p>X _____ SIGNATURE OF PERSON ADMINISTERING OATH</p> <p style="text-align: center;">SIGN IN PRESENCE OF NOTARY</p>