

# PROBLEMS WITH PENNSYLVANIA MOTOR VEHICLE REPORTS!

There have been some major delays in BSA clients receiving their Pennsylvania MVR's because they're neglecting to upload or fax or scan and email the REQUIRED Pennsylvania MVR form that must be filled out by every applicant whom your clients is running a PA MVR. Pennsylvania DMV will NOT release the report until this form is completed by the applicant - **No Exceptions!** Of course the applicant must also fill out the Disclosure and Release form.

Please be advised that when requesting Pennsylvania DMV records for employment purposes, the End-user is required to have a Pennsylvania State release form signed by the prospective applicant/employee.

Below is the Pennsylvania State Required consent form to run a motor vehicle report. There are six section to this form that the employer needs to be aware of. On the next page there is a chart showing you exactly what needs to be completed with each section.

Section A


Section B

Section C

Section D

Section E

Section F

DL-503 (6-15)  <b>REQUEST FOR DRIVER INFORMATION</b> DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS Bureau of Driver Licensing • P.O. Box 66685 • Harrisburg, PA 17106-6685		
CHECK (✓) ONE ONLY: <input type="checkbox"/> BASIC INFORMATION: \$9.00 FEE (Driver history is not included) <input type="checkbox"/> 3 YEAR DRIVER RECORD: \$9.00 FEE <input checked="" type="checkbox"/> 10 YEAR DRIVER RECORD: \$9.00 FEE (Employment Purposes Only) You may obtain a copy of your own 3 year, 10 year and/or Driving Record on PennDOT'S website at www.dmv.pa.gov		<input type="checkbox"/> FULL HISTORY: \$9.00 FEE <input type="checkbox"/> CERTIFIED DRIVER RECORD: \$32.00 FEE <input type="checkbox"/> COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE <input type="checkbox"/> CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE
<b>A REQUESTER INFORMATION</b> NAME/COMPANY: Datalink Services, Inc ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address): 3000 T St Ste 202/203 CITY: Sacramento STATE: CA ZIP CODE: 95816 DAYTIME TELEPHONE NUMBER (REQUIRED): 866-454-3238 RELATIONSHIP TO DRIVER (REQUIRED): Vendor	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY: Client Company Name ADDRESS (P.O. Box not acceptable): Client Company Address CITY: STATE: ZIP CODE: DAYTIME TELEPHONE NUMBER (REQUIRED): (555) 555-5555 RELATIONSHIP TO DRIVER (REQUIRED): Employer	
<b>C DRIVER INFORMATION</b> NAME: LAST: Doe FIRST: James INITIAL: J ADDRESS: 123 West Street CITY: Philadelphia STATE: PA ZIP CODE: 19019 PHONE NUMBER: (866) 555-1212 DATE OF BIRTH: MONTH: 1 DAY: 15 YEAR: 1980 DRIVER NUMBER: 10727129	<b>D AFFIDAVIT OF INTENDED USE</b> Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <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.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <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). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	
<b>E DRIVER RELEASE</b> I, James J Doe hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc NAME OF PERSON/COMPANY: James J Doe SIGNATURE OF DRIVER: [Signature] DATE: 7/13/2016	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 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. SIGNATURE OF REQUESTER: X	
<b>F MICROFILM</b> TYPE OF DOCUMENT: (see list of available documents below) DATE OF VIOLATION: Documents Available: • Citations • Suspension Credit Affidavits • Court Certifications • Suspension/Revocation Letters • Applications • Restoration Letters • License Renewals • Rescind Letters • Judgments • Department Hearing or Exam Notice	Title: _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH: DAY: YEAR: SIGNATURE OF PERSON ADMINISTERING OATH: X NOTARIZATION: S E A L SIGN IN PRESENCE OF NOTARY	
MESSENGER NO.		

## Section A

### **Requester Information** (Datalink Services)

Pre Filled

DO NOT SIGN



## Section B

### **End User Information** (Employer Information)



## Section C

### **Driver Information**

Last Name, First Name

Complete Address Information

Driver's License Number

Date of Birth



## Section D

### **Intended Use**

Pre Filled

DO NOT SIGN OR NOTARIZE



## Section E

### **Driver Release**

Driver Full Name

Name of Person/Company

Driver Signature and Date

Please have applicant/employee sign and date.



## Section F

### **Microfilm**

LEAVE BLANK