



FOR OFFICE USE ONLY:

RT	DT	MVR	EMPLOYEE#
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EMPLOYMENT APPLICATION

DATE

COMPANY		INDIAN VALLEY BULK CARRIERS, INC. RIDGE ROAD, P.O. BOX 200, TYLERSPORT, PA. 18971	
NAME(FIRST,MIDDLE,LAST)		PHONE	SSN
ADDRESS	(PRESENT)STREET,CITY,STATE,ZIP	HOW LONG	
PAST 3	STREET,CITY,ST,ZIP	HOW LONG	
YEARS	STREET,CITY,ST,ZIP	HOW LONG	
IN CASE OF	NAME	PHONE	
EMERGENCY	ADDRESS,CITY,STATE,ZIP		
HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME?: _____		HOW DID YOU FIND OUT ABOUT OUR COMPANY? _____	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? PLEASE FURNISH DATES: _____			
IF HIRED CAN YOU PROVIDE PROOF OF: AGE _____ CITIZENSHIP _____ EMPLOYMENT _____			

PLEASE READ:

In compliance with Federal and State Equal Opportunity Laws, Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or presence of non-job related medical condition or handicap. As part of the application process, I am aware that certain pre-qualification procedures are involved, including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator and agree that during this period, I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such a time as I receive written notification from a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

DRIVER LICENSES

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE EQUIPMENT	DATES		APPROX NUMBER TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
SEMI TRAILER				
FLATBED				
TANKER LIQUID				
TANKER BULK				
TWINS				
OTHER				
ARE YOU FAMILIAR WITH PART 395, FMCSR HOURS OF SERVICE REGULATIONS AND REQUIREMENTS (LOGS)? _____				
DO YOU CURRENTLY HOLD A CDL? _____		ARE YOU HAZMAT CERTIFIED? _____		ARE YOU CERTIFIED TO OPERATE A LIFT TRUCK? _____

ACCIDENT RECORD FOR PAST 3 YEARS (Attach sheet if more space is necessary)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

LOCATION (city & state)	DATE	CHARGE	PENALTY

LICENSE HISTORY

A: HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?	YES	NO
B: HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
C: HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED?	YES	NO
D: HAVE YOU EVER BEEN CONVICTED FOR POSSESSION, SALE OR USE OF A NARCOTIC DRUG?	YES	NO
E: HAVE YOU EVER BEEN REFUSED AUTO LIABILITY INSURANCE?	YES	NO
F: HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?	YES	NO
G: HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OR A MISDEMEANOR?	YES	NO
H: ARE ANY CRIMINAL OR MOTOR VEHICLE CHARGES PENDING AGAINST YOU?	YES	NO
I: HAVE YOU UNDERGONE AN ALCOHOL TEST IN THE LAST (3) YEARS IN WHICH A CONCENTRATION OF .04% OR GREATER WAS INDICATED?	YES	NO
J: HAVE YOU EVER BEEN ADMITTED TO THE ARD (ACCELERATED REHABILITATIVE DISPOSITION) PROGRAM FOR ANY REASON?	YES	NO
IF ANSWER TO A,B,C,D,E,F,G,H,I OR J IS YES STATE CIRCUMSTANCES AND DATES; _____		

PAST EMPLOYMENT HISTORY (last 10 years) use additional sheets if necessary. Begin with your present employer and work backwards down the page.

Be sure to account for each month of your work experience and explain in detail all periods of unemployment with dates of unemployment.

LAST EMPLOYER	COMPANY		SUPERVISOR	
	ADDRESS	FROM	TO	SALARY
	POSITION HELD	PHONE	FAX	
	REASON FOR LEAVING			
SECOND LAST EMPLOYER	COMPANY		SUPERVISOR	
	ADDRESS	FROM	TO	SALARY
	POSITION HELD	PHONE	FAX	
	REASON FOR LEAVING			

THIRD	COMPANY		SUPERVISOR		
	LAST	ADDRESS	FROM	TO	SALARY
	EMPLOYER	POSITION HELD	PHONE		FAX
		REASON FOR LEAVING			
FOURTH	COMPANY		SUPERVISOR		
	LAST	ADDRESS	FROM	TO	SALARY
	EMPLOYER	POSITION HELD	PHONE		FAX
		REASON FOR LEAVING			
FIFTH	COMPANY		SUPERVISOR		
	LAST	ADDRESS	FROM	TO	SALARY
	EMPLOYER	POSITION HELD	PHONE		FAX
		REASON FOR LEAVING			
SIXTH	COMPANY		SUPERVISOR		
	LAST	ADDRESS	FROM	TO	SALARY
	EMPLOYER	POSITION HELD	PHONE		FAX
		REASON FOR LEAVING			

APPLICANT CERTIFICATION STATEMENT	
I understand the per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on my violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.	
<input type="checkbox"/>	No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.
If you have no information to report, check the above statement and proceed to the certification statement..	
<input type="checkbox"/>	Yes, I have information to report on my drug and alcohol history.
If while in a DOT mandated drug and alcohol testing program for any employer who has to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two years from the date of this application, or if you have not completed the return-to-duty process for any prior violation you need to complete the following two sections	

		Date of violation
I was deemed to have violated one or more of the following DOT prohibitions		
I had a verified positive drug test for a prior employer as a pre-employment test.		
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer		
I refused to be tested (includes submitting a substituted or adulterated specimen)		
I performed a safety sensitive function within four hours after using alcohol		
I used alcohol while performing safety sensitive functions		
I was involved in an accident that required post accident testing and I used alcohol prior to being tested		
I used controlled substances while performing a safety sensitive function		
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above		
Below I have indicated where the violation took place either as an applicant or employee of said company:		
I have <input type="checkbox"/> Have not <input type="checkbox"/> completed the return to duty requirements		
Prior employer (or company which I applied to) Company Name		
Employers Designated Representative		
Employers address		
Employers Telephone Number		
Substance Abuse Professional Information		
CERTIFICATION: I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of my employment if I am hired.		
PRINT FULL NAME _____ SIGNATURE _____ DATE _____		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	HIGH SCHOOL	COLLEGE:	ATTEND TRACTOR TRAILER SCHOOL? Y N
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	NAME:

PHYSICAL HISTORY (FOR PURPOSES OF DOT QUALIFICATION ONLY)

LIST ANY PHYSICAL LIMITATIONS (EYESIGHT, LIMB IMPAREMENT, DIABETES, HEARING,)	DATE OF LAST PHYSICAL:
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GENERAL

ARE YOU NOW EMPLOYED?	IF NOT HOW LONG SINCE LEAVING LAST EMPLOYMENT?
DID ANYONE REFER YOU?	
LIST ANY TRUCKING OR TRANSPORTATION EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:	

MILITARY STATUS

HAVE YOU SERVED IN THE us ARMED FORCES?	BRANCH	FROM	TO
RANK AT DISCHARGE	DATE OF DISCHARGE	RESERVE STATUS	

APPLICANT PLEASE READ

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with or without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment /leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can

review any of this information we receive when processing your application

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION

Signature of Applicant		Date	
Print name		For Office Use Only	

APPLICANT RIGHTS NOTIFICATION

As a driver applicant you have the following rights regarding the investigative information that will be provided to us the prospective employer pursuant to the Federal Regulations:

- 1) The right to review information provided by previous employers
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to us the prospective employer
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information

Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to you within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provides the records to the prospective employer.

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's safety performance history.

After October 24, 2004, within five business days of receiving a rebuttal from a driver the previous employer must:

- 1) Forward a copy of the rebuttal to the prospective motor carrier employer
- 2) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement

The driver may submit a rebuttal initially without a request for correction, or subsequent request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration following procedures specified in section 386.12 of the regulations.

Applicant's Signature

Date

To: _____

(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigation. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If any employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested by DAC Services or another provider, and that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATION AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driver

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide the prospective employer)

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulation states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this company.

Section 382.405(a) of the Federal Motor Carrier Safety Regulation states: "(An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Name (please print)

Applicant's Signature

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Indian Valley Bulk Carriers Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Indian Valley Bulk Carriers Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



REQUEST FOR DRIVER INFORMATION

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 website at www.dmv.state.pa.us

A REQUESTER INFORMATION NAME/COMPANY _____ ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.) _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____ SIGNATURE <input checked="" type="checkbox"/> _____ NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD C DRIVER INFORMATION NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____ DRIVER NUMBER _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ MONTH _____ DAY _____ YEAR _____	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY _____ ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____ D AFFIDAVIT OF INTENDED USE Intended Use of the information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (<i>Driver has given written authorization to obtain his/her record.</i>) <input type="checkbox"/> G = Credit (<i>In connection with a credit transaction involving the driver.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i>) <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. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>) <input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver has given written authorization to obtain his/her record.</i>) 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. X _____ SIGNATURE OF REQUESTER Title _____
F MICROFILM X _____ NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY X _____ SIGNATURE OF DRIVER DATE _____ TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ (see list of available documents below)	NOTARIZATION X _____ SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 5px; text-align: center;">S E A L</div> _____ SIGN IN PRESENCE OF NOTARY

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

MESSENGER NO. _____