

PENNSYLVANIA STATE FORM INSTRUCTIONS (EMPLOYMENT)

The following information will assist you in completing the attached form to access Pennsylvania Motor Vehicle Records.

Note: This form is for Employment Purposes only.

- Only **ORIGINAL** completed forms will be accepted by PennDOT.
 - IntelliCorp's MVR Compliance Team will review the form and send a follow-up email to you with additional instructions for mailing.
- The below sections on the form **MUST BE COMPLETED IN INK**:
 - The signature line
 - Notary Section
 - Attestation Statement (Initials)
 - All other areas on the form may be typed
- Complete all fields in the account information section, including:
 - Name, title, DOB, state of driver's license, and daytime phone number for an officer, partner, executive, or director of your organization.
 - The numbered statements on the lower half of the document **MUST BE INITIALED** not checked.
 - If a section does not apply to your organization, enter N/A
- Sign and date the form in the fields provided in the presence of a Notary and note that the **date that the form is notarized MUST match the date of the signature** by the authorized representative of your company.

Email or fax the form to:

MVR COMPLIANCE

Email: mvrcompliance@intellicorp.net

Fax: 216-450-5249

Account Number: 114PIS THIS AN UPDATE TO THE EXISTING SUBACCOUNT? YES ☐ NO ☐

IF YES, THE CURRENT SUBACCOUNT NUMBER MUST BE LISTED.

SUBACCOUNT NUMBER _____

EMPLOYMENT AFFIDAVIT OF INTENDED USE

INFORMATION SALES UNIT

(See Reverse Side for Instructions)

Business Type (check one): ☐ Individual ☐ Partnership ☐ Corporation ☐ Non-Profit

Legal Business Name: _____

D/B/A Name (if applicable): _____

Person Responsible: Name: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (_____) _____ Fax No.: (_____) _____

E-mail: _____ Website Address: _____

Federal Employer ID No.: _____ If Corporation, Date & State of Incorporation: _____

Year Business Established: _____ Dun & Bradstreet #: _____ U.S. DOT #: _____ (if applicable)

Location of Records: For departmental on-site inspection, audit and review purposes. ☐ Check here, If address is same as above.

Street Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____**Ownership:** List below individual, each partner, or each corporate officer participating in the direction, control or management of the business. Attach list if needed.

Name (Last, First, MI)	Title	Phone Number	Driver's License/ID Number and State of Issuance
1.			
2.			
3.			

Please initial each statement below and sign at the bottom of the form.

- _____ 1. I swear or affirm that any requested information will be used for **employment** purposes only.
- _____ 2. I swear or affirm that I have on file a signed release for the subject of each driver record requested.
- _____ 3. I swear or affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the confidentiality of these records.
- _____ 4. I swear or affirm that I will not request driver information from the Department for personal reasons. (Examples of inappropriate access or misuse of Department information include, but are not limited to: making personal inquiries on my own record or those of my relatives; accessing information about another person, including locating their residence address, for any reason that is not related to my job responsibilities.)
- _____ 5. I swear or affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.
- _____ 6. I swear or affirm that I understand that the Department retains exclusive ownership of all driver record information provided and no record shall be combined and/or linked in with any other data on any database for any reason.
- _____ 7. I swear or affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types of mail or mailings.
- _____ 8. I swear or affirm that I will not disseminate or publish on the Internet the personal information obtained from the Department or allow any other person to disseminate or publish the personal information on the Internet without the express written permission of the Department.
- _____ 9. I 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 a term of imprisonment of not more than two years, or both.

Subscribed and Sworn			
to Before Me:	Mo.	Day	Year
S E A L	Signature of Person Administering Oath		
	Sign in Presence of Notary		

Signature _____

Date _____

Title _____