

PENNSYLVANIA STATE FORM INSTRUCTIONS (EMPLOYMENT)

The following information will assist you in completing the attached form to access MVRs in this state.

- Note: This form is for employment purposes only
- Only original completed forms will be accepted (no photocopies/fax/email)
- The sections needing to be complete in ink are the signature line, notary section and attestation statement (initials). All other areas of the form may be typed.
- Complete all fields in the account information section
 - This includes the name, title, DOB, state of driver's license, and daytime phone number for an officer, partner, executive, 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 forms in the fields provided in the presence of a **Notary**
- Only a person who is authorized to execute contracts for your company should complete and sign this form

Send your completed original form by mail,
FedEx, UPS or other to:

IntelliCorp Records, Inc.
3000 Auburn Drive, Suite 410
Beachwood, OH 44122
Attn: MVR Compliance



Account Number: 114P

EMPLOYMENT AFFIDAVIT OF INTENDED USE
INFORMATION SALES UNIT

PA Department of Transportation
Bureau of Driver Licensing
P.O. Box 68690
Harrisburg, PA 17106-8690

(See Reverse Side for Instructions)

Business Type (check one): q Individual q Partnership q Corporation q 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. o 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.

Table with 5 columns: Name (Last, First, MI), Title, Date of Birth (MM/DD/YYYY), Driver License STATE, Day-Time Phone Number. Rows 1, 2, 3.

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

- 1. I swear and affirm that any requested information will be used for employment purposes only.
2. I swear and affirm that I have on file a signed release for the subject of each driver record requested.
3. I swear and 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 and affirm that I will not request driver information from the Department for personal reasons.
5. I swear and affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.
6. I swear and 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 and 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 and 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 and 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
Signature of Person Administering Oath
Sign in Presence of Notary

Signature _____ Date _____

Title _____

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INTENDED USE

1. The affidavit must be completed and signed by a member of your agency or firm who has the authority to certify the agency or firm's compliance.
2. Please complete each line on the form in its entirety to avoid delays in processing your affidavit. If requested information does not apply to your business insert **n/a** (not-applicable) on that line.
3. The person responsible for completing the affidavit **must initial each of the nine (9) declaration statements, then sign and date the form in the presence of a Notary.**
4. This affidavit must be returned to your information provider.
5. You are required to complete, notarize and file a new Affidavit of Intended Use whenever information about your company changes. (name, address, ownership, telephone, website, etc.)
6. If you need assistance in completing this affidavit, please contact your information provider.