

**PENNSYLVANIA STATE FORM INSTRUCTIONS
(INSURANCE)**

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

- Note: This form is for insurance purposes only
- 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

Mail, Fax, or Email forms to:
IntelliCorp Records, Inc.
3000 Auburn Drive, Suite 410
Beachwood, OH 44122
Attn: MVR Compliance

Fax: 216-450-5249

Email: MVRCompliance@Intellincorp.net



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

Account Number: 166Z

INSURANCE COMPANY/AGENCY 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: _____ ~~Facsimile~~ Fax No.: _____

E-mail: _____ Website Address: _____

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

Year Business Established: _____ Dun & Bradstreet #: _____ NAIC #: _____ (if applicable)

Licensing Information: Cert. of Insurance/Authority #: _____ State: _____ Expires: _____

(List & attach copy Agency or Brokerage License #: _____ State: _____ Expires: _____

with affidavit.) Agent or Broker License #: _____ State: _____ Expires: _____

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: _____

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	Date of Birth (MM/DD/YYYY)	Driver License STATE	Day-Time Phone Number
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 legitimate insurance business only.
- _____ 2. 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.
- _____ 3. I swear and 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.)
- _____ 4. I swear and affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party. I understand that nothing in this affidavit shall be interpreted to restrict an insurance company from providing the information to its exclusive licensed insurance agents or an insurance agent from providing the information to an insurance company for legitimate insurance business.
- _____ 5. 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 except as is necessary to conduct legitimate insurance business or as may be required by law.
- _____ 6. 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.
- _____ 7. 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.
- _____ 8. 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
S E A L	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. List all state Licensing Information on the affidavit that allows you to engage in the insurance business, and **attach a copy of your insurance certificate(s) and/or license(s)**.
4. The person responsible for completing the affidavit **must initial each of the eight (8) declaration statements, then sign and date the form in the presence of a Notary.**
5. This affidavit must be returned to your information provider.
6. 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.)
7. If you need assistance in completing this affidavit, please contact your information provider.