

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize <u>Belleville Fire Co. #1</u> or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, criminal records, <u>DRIVING RECORDS and CREDIT RECORDS</u> through an investigative or credit agency of bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.									
PLEASE PRINT CLEAR	LY								
FULL NAME:									
OTHER NAME/ALIAS:									
CURRENT ADDRESS:									
LIST ALL ADDRESSES FOR PAST SEVEN YEARS:									
	_DATES:								
	_DATES:								
	_DATES:								
SOCIAL SECURITY #:	<i>3</i>								
DATE OF BIRTH:									
DRIVER LICENSE #	STATE:								
*** May we contact your current employer	_YESNO								
*** Have you ever been convicted of a crime	_YESNO								
SIGNATURE:	DATE:								
IN OFFICE USE ONLY- TO BE COMPLETED BY CL PA STATEWIDE CRIMINAL COUNTY CRIMINAL CREDIT CHECK OTHER	IENT DMV COUNTY CIVIL EDUCATIONAL SSN TRACE								

PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK

SP 4-164 (7-2009)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. <u>A response may take four weeks or longer</u> . Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.										vill be <i>jer.</i>	FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER						
											AFTER COMPLETION MAIL TO:						
TRY OUR WEBSITE FOR A QUICKER RESPONSE <u>https://epatch.state.pa.us</u>											PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE						
NAME/											HARRISBURG, PA 17110-9758						
REQUESTER												Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)					
ADDRESS												DO NOT SEND CAS	-				
											CHECK						
CITY/STATE/ ZIP CODE																	
												INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: " <u>COMMONWEALTH OF PENNSYLVANIA</u> " THE FEE IS NONREFUNDABLE					
CONTAC	T TEL	EPHON	IE NUM	IBER (IN	ICLUDIN	G AREA (CODE)					FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE					
	0110.10		-										9 7)				
NAIVIE/	SORIE	CT OF R	ECORD	CHECK	(FIRST)	(MIDDLE)					(LA	51)				
MAIDEN NAME AND/OR ALIASES SOCIAL SECU								TY NUME	BER				re of Birth 1/dd/yyyy)	SEX	RACE		
The	D			4-4- D		L				41			6 4h e dete menside	l			
Ine													of the data provide e <i>Police Central R</i> e				
against the information <u>contained in the files of the Pennsylvania State Police Central Repository only</u> REASON FOR REQUEST: All requests \$10.00 ***MAKE ALL MONEY ORDERS PAYABLE TO: <u>COMMONWEALTH OF PENNSYLVANIA</u> *** A A A A A CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>																	
	TER	NATIO	NAL /	ADOP	TION - I	NTERNA	FIONAL	ADOP	TION M	UST BE	NOTAR	IZED.					
	PTION	(DOMES	STIC)						OYMEN	T/SCREE	NING		D PASSPORT				
	ORNE	1						D FOST	ER CAR	E		PRIVATE INVESTIGATIONS					
	KING							🛛 HEAL	THCARE	Ξ		SOCIAL SERVICES					
🗖 BAR	ASSO	CIATION	I				I		SING			TENANT CHECK					
CHURCH								🗆 insu	RANCE	LICENSE							
									TAL HEA	LTH		VOLUNTEER AMBULANCE/FIREFIGHTER					
									SE AID T	RAINING							
									ER								
	RGEN	CY MAN	AGEMEN	T													
		x:															
ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)																	
AVAILABLE <u>ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED</u> FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.																	
H	ome	land S	Secur	rity is	Every	one's R	espo	nsibil	lity - F	Penns	ylvani	ia Te	errorism Tip Line	1-888-292-	.1919		

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us
PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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)



Bureau of Driver Licensing P.O. Box 68695 Harrisburg, PA 17106-8695

- G FULL HISTORY: \$5.00 FEE
- 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, 10 year and/or Full History Driving Record on PennDOT'S website at www.dmv.state.pa.us A REQUESTER INFORMATION B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY NAME/COMPANY

5	INLOUGHEN INT ONIMATION			L. I V	D USER OF INFC	Marking PL	ING REQUEST	LD					
	NAME/COMPANY		NAN	ME/COM		e Fire Cor	npany #1						
	ADDRESS		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence										
			4231 East Main Street										
	CITY	STATE ZIP CODE	CIT	Y	Bellev	ville	STATE PA	ZIP CODE 17004					
	DAYTIME TELEPHONE NUMBER (REQUIRED)		DAYTIME TELEPHONE NUMBER (REQUIRED) (717) 935-2633										
	RELATIONSHIP TO DRIVER (REQUIRED)		RELATIONSHIP TO DRIVER (REQUIRED) None										
			D AFFIDAVIT OF INTENDED USE										
	SIGNATURE X		Intended Use of the Information Requested: CHECK ONLY ONE										
					= Driver Release (D								
С	NOTARIZATION NOT REQUIRED WHEN REQUE		C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)										
-	NAME: LAST FIRST	C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)											
	ADDRESS		 E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. 										
	CITY	Δ.											
	STATE	E ZIP CODE					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).						
	PHONE NUMBER		L=Attorney representing driver identified in Section C (Driver must complete Section E.)										
	DATE OF BIRTH DRIV	I hereby Certify that CDS, Inc											
	MONTH DAY YEAR		will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only										
E	DRIVER RELEASE		aı	nd no	other reason. This	affidavit is filed	in compliance wi	th Section					
		hereby request	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										
	NAME OF DRIVER		made herein are true and correct, and that any statement made on or										
	the Department of Transportation to furnis Record toCDS Inc												
	NAME OF PERSON	I/COMPANY											
	X				o years, or boun.								
	SIGNATURE OF DRIVER	DATE	SIGNATURE OF REQUESTER										
F	MICROFILM												
	TYPE OF DOCUMENT	DATE OF VIOLATION	Ti	tle	CRIBED AND SWORN								
						MONTH	DAV	VEAD					
	(see list of available documents below)	e list of available documents below)					DAY	YEAR					
	Documents Available:		N	<u> X</u>									
	Citations Suspension Cre	dit Affidavits	Ē		SIGNATUR	E OF PERSON ADMI	NISTERING OATH	1					
	Court Certifications Suspension/Rev		121	s									
	Applications ·Restoration Lett ·License Renewals ·Rescind Letters		AR	E									
	The second consists a second s	aring or Exam Notice	NOTARIZATION	A	SIGN	IN PRESENCE	OF NOTARY						
1	MESSENGER NO.												

DL-503 (7-11)

INSTRUCTIONS

- 1. To request your own record, complete Sections A & C only. Notarization is NOT required.
- To request a record other than your own, complete Sections A, C, and D. Section E must contain the driver's signature if block B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.
- 3. **PRINT OR TYPE** all requested information on the front of the form. Submitting ONLY a name and address does not provide enough information for a proper search of the driver files.
- 4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
- 5. If requesting a microfilm copy of a document, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
- Check the type of record requested at the top of the form and make check or money order payable to "PennDOT." DO NOT SEND CASH. Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING DRIVER RECORD SERVICES P.O. BOX 68695 HARRISBURG, PA 17106-8695

For overnight and other special mail: BUREAU OF DRIVER LICENSING DRIVER RECORD SERVICES

DRIVER RECORD SERVICES 1101 SOUTH FRONT STREET 3RD FLOOR HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION....... Includes name, address, driver number, date of birth and class of license. (\$5.00 fee) 3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. You can obtain a copy of your own record on PennDOT's website at (\$5.00 fee) www.dmv.state.pa.us 10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. You can obtain a (\$5.00 fee) copy of your own record on PennDOT's website at www.dmv.state.pa.us FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania. (\$5.00 fee) CERTIFIED RECORD........ Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania certified by the Department. (\$10.00 fee) MICROFILM DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action. (\$5.00 fee)

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department. (\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing
 procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- · Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine
 and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have
 requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be
 terminated.

⁵ Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at <u>www.dmv.state.pa.us</u> and click on "Online Business Services" for more information.