



**Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  
Has any license, permit, or privilege ever been suspended or revoked?  
Did you have a positive pre-employment drug or alcohol test in the past two years?

Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

**Record of CMV Employment for Past 10 Years**

Note: If this employee has no history of CMV employment in last 3 years, check here ( ).

Last Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

2<sup>nd</sup> Last Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

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City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

**TO BE READ AND SIGNED BY APPLICANT**

By signing below, I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**  
**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**



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

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 Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

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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.</td> </tr> <tr> <td colspan="2"><u>X</u> _____  <small>SIGNATURE OF REQUESTER</small></td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY		ADDRESS <small>(P.O. 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