



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT SCHOOL VOLUNTEER REQUIREMENTS CHECKLIST

- 1. Pennsylvania State Police Criminal Record Check (PATCH)** (Less than one year old, recheck every 5 years) – volunteers/employees please complete **PATCH** online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.pennsylvania.gov/criminal-history) please obtain directions from your Local Safe Environment Coordinator OR send your completed “Background Authorization Form” to punger@allentowndiocese.org
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available every 57 months for volunteers. A free payment code is available through your Local Safe Environment Coordinator for both employees and volunteers.
- 3. Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old)(less than one year old, recheck every 5 years) –payment code is available through your Local Safe Environment Coordinator. Register for the fingerprint at <https://enroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print email receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive unofficial results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese.
- 4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 7. Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
- 8. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
- 9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy.** Review the Diocese of Allentown’s Child Protective Services Law Policy (attached) and sign the acknowledgement form.
- 10. Signed Background Check Authorization Form**, attached
- 11. Motor Vehicle Report – if driving on behalf of a Diocesan location**, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
- 12. Nation Sex Offender Registry Check**, must be less than a year old and completed every five years. <https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN
Instructions to Obtain EMPLOYEE

Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."
17. Click "Begin"
18. Volunteers should select "**Volunteer having contact with children**" for the Application purpose:
 - a. **Please note:** Volunteer clearances cannot be used for employment.
19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.
20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.
21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.
 - a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.
 - b. Those who have passed can still be listed. You can note this rather than giving an age.
22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

Place Fee-Waived Code Label Here

(LSEC Use Only)

23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers and Parish Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer
- **Employee** - **1KG756** for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania **Postal Code:** 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name



Code of Conduct

IV. Acknowledgment Form

I hereby acknowledge that I have received a copy of the Diocese of Allentown Code of Conduct dated 1 November 2022. I understand it is my responsibility to carefully read the Code of Conduct and to comply with all of its requirements. I understand that I should speak with my supervisor /administrator, Secretary for Catholic Health and Human Services & Youth Protection, and/or the Diocesan Executive Director of Human Resources with regard to any questions that I may have regarding the Code of Conduct.

I understand that any action inconsistent with the Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal from involvement with minors, and/or the termination of my employment, and/or removal from ministry. My signature confirms I have received a copy of the Code of Conduct, understand my responsibility to carefully review it, and agree to follow the standards set forth.

I further understand that the Diocese of Allentown has issued the Code of Conduct for informational and guidance purposes only and that the Diocese does not intend for the Code to create a contract of employment, express or implied. The Diocese of Allentown may periodically review the Code of Conduct and reserves the right to amend or interpret the Code as it deems appropriate in its sole discretion. A copy of this Acknowledgment Form shall be placed in my personnel file.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

DIOCESE OF ALLENTOWN
SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES
ACKNOWLEDGMENT and CONSENT FORM

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown

By signing below, I acknowledge and agree to the following:

- 1) I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies").
- 2) I agree to abide by the Policies, as they may be updated from time to time.
- 3) I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Printed Name: _____ Date: _____

Signature: _____

Diocesan Location: _____




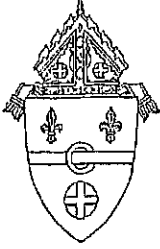
DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all ***items**. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes" or "No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned**, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator.
18. The following roles will be assigned monthly online readings on the Virtus website:
Priests Deacons Seminarians Principals K of C with Squire Programs
DRE/CRE LSEC Coaches Youth Ministers Prep/CCD Teachers
Employees Teachers



**DIOCESE OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HUMAN SERVICES
AND YOUTH PROTECTION
Post Office Box F
Allentown, Pennsylvania 18105-1538**

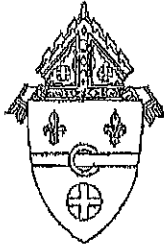
Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

1. Pa Family Support Alliance website: <https://pafsa.org/>
 - a. Click on "Trainings & Programs" at the top of the page
 - b. Select "Mandated Reporter Training"
 - c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
 - d. Look for Virtual Sessions in (month), (click here)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select "Register"
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

2. University of Pittsburgh's website: <https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click "Submit" to create a username and password.
 - c. Login using your new credentials in the "Welcome" tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.



**DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

Disclosure:

Please be advised that TruView BSI, LLC intends to produce a consumer and/or investigative consumer report at your request. Your consent for the procurement and use of such a report is required. The consumer report will contain information from public records, which may include, but are not limited to, social security number and other information bearing on your credit worthiness, credit standing or credit capacity, motor vehicle operation history, education history, employment history, and criminal history, to the extent permitted by law. An investigative consumer report can contain information from public records as stated above, in addition to interviews with employers, neighbors, friends, and associates for knowledge concerning your character, general reputation, personal characteristics or mode of living.

Authorization:

I voluntarily and knowingly authorize any party or agency contacted to give records they may have concerning my social security number, credit worthiness, credit standing, credit capacity, motor vehicle operation history, employment history and performance, education history, criminal history, or other information to the extent permitted by law.

I further understand that, upon my written request, I will be given the name and address of each consumer reporting agency from which a consumer report or investigative consumer report may have been obtained, and, if an investigative consumer report has been obtained, a description of the nature and scope of the investigation. I understand that I may obtain additional information concerning the report by contacting the consumer reporting agency.

The report will be prepared by: **TruView BSI, LLC**
25 Newbridge Rd, Suite 210, Hicksville, NY 11801
888.869.8444

This company's Privacy Policy can be viewed at: <https://truviewbsi.com/resources/privacy-policy/>

I understand that any consumer report or investigative consumer report prepared will be used by me for my own personal purposes and will not be used or viewed by a third-party for the purpose of employment, insurance, credit eligibility, renting or owning real property or any other purpose under the Fair Credit Reporting Act. A photographic or faxed copy of this Disclosure and Authorization Form shall be as valid as the original.

The following information must be filled out completely and signed by all applicants:

PLEASE PRINT ALL INFORMATION BELOW

Last Name, First Name, Middle Initial:	Social Security Number:
Additional Name(s) Used:	Date of Birth:
Driver's License Number	State/Country:
Place of Birth:	
Current Address (street, city, state, zip)	
Previous Address (street, city, state, zip)	

Signed: _____

Dated: _____

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: RA-PWNSOR@pa.gov in the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

_____ Include full street address, (Apt # or PO Box if applicable),

_____ City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

ATTENTION DRIVERS : Please complete Parts C & E ONLY

Return ORIGINAL form to:

Patricia Unger
Diocese of Allentown
P. O. Box F
Allentown, PA 18105

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

CHECK (✓) ONE ONLY:

BASIC INFORMATION: \$12.00 FEE (Driver history is not included)

3 YEAR DRIVER RECORD: \$12.00 FEE

10 YEAR DRIVER RECORD: \$12.00 FEE (Employment Purposes Only)

FULL HISTORY: \$12.00 FEE

CERTIFIED DRIVER RECORD: \$38.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE

CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION		B END USER OF INFORMATION BEING REQUESTED	
NAME/COMPANY Diocese of Allentown		NAME/COMPANY	
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> P. O Box F		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence	
CITY Allentown	STATE ZIP CODE PA 18102	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 871-5200		DAYTIME TELEPHONE NUMBER (REQUIRED)	
RELATIONSHIP TO DRIVER (REQUIRED)		RELATIONSHIP TO DRIVER (REQUIRED)	
SIGNATURE X		D AFFIDAVIT OF INTENDED USE	
NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		Intended Use of the Information Requested: CHECK ONLY ONE	
C DRIVER INFORMATION		<input type="checkbox"/> B = Driver Release (Driver must complete Section E.)	
NAME: LAST FIRST INITIAL		<input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)	
ADDRESS		<input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)	
CITY		<input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)	
STATE ZIP CODE		<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.	
PHONE NUMBER		<input type="checkbox"/> 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 --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena).	
DATE OF BIRTH	DRIVER NUMBER	<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	
MONTH DAY YEAR		I hereby Certify that _____	
E DRIVER RELEASE		PRINTED NAME OF REQUESTER	
I _____ hereby request		will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 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 made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.	
the Department of Transportation to furnish a copy of my PA Driver's Record to _____		X	
NAME OF DRIVER		SIGNATURE OF REQUESTER	
NAME OF PERSON/COMPANY		Title _____	
X		SUBSCRIBED AND SWORN	
SIGNATURE OF DRIVER		TO BEFORE ME: MONTH DAY YEAR	
DATE		X	
F MICROFILM		SIGNATURE OF PERSON ADMINISTERING OATH	
TYPE OF DOCUMENT	DATE OF VIOLATION	SIGN IN PRESENCE OF NOTARY	
(see list of available documents below)			
Documents Available:		NOTARIZATION	
• Citations	• Ignition Interlock Removal Letter		
• Court Certifications	• Suspension/Revocation Letters		
• Applications	• Restoration Letters		
• License Renewals	• Rescind Letters		
• Judgments	• Department Hearing or Exam Notice		
• Suspension Credit Affidavits			

MESSANGER NO.

INSTRUCTIONS

1. To request your own record, complete Sections A & C only. Notarization is NOT required.
2. To request a record other than your own, complete Sections A, C, and D. Section E must contain the driver's signature if block E, 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 \$12.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. 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
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.
(\$12.00 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.
(\$12.00 fee)
- 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.
(\$12.00 fee)
- 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.
(\$12.00 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.
(\$38.00 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.
(\$12.00 fee)
- CERTIFIED COPY OF DOCUMENT** Copies of documents from the microfilm file that have been certified by the Department.
(\$38.00 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.

Visit us at www.dmv.pa.gov or call us at: 717-412-5300 ♦ TDD: 711

* 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 www.dmv.pa.gov and click on "Online Business Services" for more information.