



Employment Screening Resources

Please be advised that when requesting Pennsylvania DMV records for employment purpose, the end-user (employer) is required to have Pennsylvania State Release form signed by the prospective applicant/employee. This state release form must be faxed to ESR at 800-399-5423/415-723-7779 or scanned and emailed to order@esrcheck.com.

INSTRUCTIONS: PennDOT Form DL 503 (8-08)

1. Section A: Requester Information – pre filled in by supplier of information – DO NOT SIGN
2. **Section B: End User of Information – The *EMPLOYER* enters their information here.**
 - a. Company name
 - b. Address, complete Street, City, State and Zip
 - c. Phone Number including area code
3. **Section C: Driver Information – *APPLICANT/EMPLOYEE* enters their information here.**
 - a. Full name
 - b. Address
 - c. Phone number
 - d. Date of Birth – this is a required field.
 - e. Drivers license number
4. Section D: Affidavit of Intended Use – DO NOT SIGN OR NOTARIZE
5. **Section E: Driver Release – Completed by *APPLICANT/EMPLOYEE***
 - a. Print full name in space provided
 - b. Sign and date in space provided
6. Section F: Microfilm – Leave Blank

EMPLOYMENT SCREENING RESOURCES (ESR)

7110 Redwood Blvd, Suite C, Novato, CA 94945 / 888-999-4474

Fax: 415.723.7779 / ESR@ESRcheck.com / www.ESRcheck.com

ESR – The Top Rated Background Firm in the US

REQUEST FOR DRIVER INFORMATIONThe 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**
 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*) 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 Web site at www.dmv.state.pa.us

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY Softech International Inc</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 13501 SW 128th Street, Suite 111</td> </tr> <tr> <td>CITY Miami</td> <td>STATE ZIP CODE FL 33186</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) (305) 253-9696</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) Application Processing</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY Softech International Inc		ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 13501 SW 128th Street, Suite 111		CITY Miami	STATE ZIP CODE FL 33186	DAYTIME TELEPHONE NUMBER (REQUIRED) (305) 253-9696		RELATIONSHIP TO DRIVER (REQUIRED) Application Processing		SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence</td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED)</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED)</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED)		RELATIONSHIP TO DRIVER (REQUIRED)																						
A REQUESTER INFORMATION																																																
NAME/COMPANY Softech International Inc																																																
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 13501 SW 128th Street, Suite 111																																																
CITY Miami	STATE ZIP CODE FL 33186																																															
DAYTIME TELEPHONE NUMBER (REQUIRED) (305) 253-9696																																																
RELATIONSHIP TO DRIVER (REQUIRED) Application Processing																																																
SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																
B END USER OF INFORMATION BEING REQUESTED																																																
NAME/COMPANY																																																
ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence																																																
CITY	STATE ZIP CODE																																															
DAYTIME TELEPHONE NUMBER (REQUIRED)																																																
RELATIONSHIP TO DRIVER (REQUIRED)																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST</td> <td>FIRST</td> <td>INITIAL</td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">CITY</td> </tr> <tr> <td>STATE</td> <td colspan="2">ZIP CODE</td> </tr> <tr> <td colspan="3">PHONE NUMBER</td> </tr> <tr> <td>DATE OF BIRTH</td> <td colspan="2">DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST	FIRST	INITIAL	ADDRESS			CITY			STATE	ZIP CODE		PHONE NUMBER			DATE OF BIRTH	DRIVER NUMBER		MONTH	DAY	YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>)</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)</td> </tr> <tr> <td colspan="2">I hereby Certify that _____ PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2">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 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">X _____ SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)		<input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>)		<input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)		<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.		<input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)		<input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)		I hereby Certify that _____ PRINTED NAME OF REQUESTER		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 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.		X _____ SIGNATURE OF REQUESTER		Title _____	
C DRIVER INFORMATION																																																
NAME: LAST	FIRST	INITIAL																																														
ADDRESS																																																
CITY																																																
STATE	ZIP CODE																																															
PHONE NUMBER																																																
DATE OF BIRTH	DRIVER NUMBER																																															
MONTH	DAY	YEAR																																														
D AFFIDAVIT OF INTENDED USE																																																
Intended Use of the Information Requested: CHECK ONLY ONE																																																
<input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>)																																																
<input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>)																																																
<input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)																																																
<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.																																																
<input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>)																																																
<input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)																																																
I hereby Certify that _____ PRINTED NAME OF REQUESTER																																																
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 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.																																																
X _____ SIGNATURE OF REQUESTER																																																
Title _____																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2">I _____ hereby request NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to Softech International Inc NAME OF PERSON/COMPANY</td> </tr> <tr> <td>X _____ SIGNATURE OF DRIVER</td> <td>_____ DATE</td> </tr> </table>	E DRIVER RELEASE		I _____ hereby request NAME OF DRIVER		the Department of Transportation to furnish a copy of my PA Driver's Record to Softech International Inc NAME OF PERSON/COMPANY		X _____ SIGNATURE OF DRIVER	_____ DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2"><i>(see list of available documents below)</i></td> </tr> <tr> <td colspan="2"> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice </td> </tr> </table>	F MICROFILM		TYPE OF DOCUMENT	DATE OF VIOLATION	<i>(see list of available documents below)</i>		Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																
E DRIVER RELEASE																																																
I _____ hereby request NAME OF DRIVER																																																
the Department of Transportation to furnish a copy of my PA Driver's Record to Softech International Inc NAME OF PERSON/COMPANY																																																
X _____ SIGNATURE OF DRIVER	_____ DATE																																															
F MICROFILM																																																
TYPE OF DOCUMENT	DATE OF VIOLATION																																															
<i>(see list of available documents below)</i>																																																
Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">SUBSCRIBED AND SWORN TO BEFORE ME:</td> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> </tr> <tr> <td colspan="4" style="text-align: center;">X _____ SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td colspan="4" style="text-align: center;"> <table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">S</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">E</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">A</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">L</td> </tr> </table> </td> </tr> </table>	SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR	X _____ SIGNATURE OF PERSON ADMINISTERING OATH				<table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">S</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">E</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">A</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">L</td> </tr> </table>				S	SIGN IN PRESENCE OF NOTARY	E	A	L	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">N</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">O</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">T</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">A</td> </tr> </table>	N	SIGN IN PRESENCE OF NOTARY	O	T	A																									
SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR																																													
X _____ SIGNATURE OF PERSON ADMINISTERING OATH																																																
<table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">S</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">E</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">A</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">L</td> </tr> </table>				S	SIGN IN PRESENCE OF NOTARY	E	A	L																																								
S	SIGN IN PRESENCE OF NOTARY																																															
E																																																
A																																																
L																																																
N	SIGN IN PRESENCE OF NOTARY																																															
O																																																
T																																																
A																																																
MESSANGER NO.																																																