

# Pennsylvania DeMolay

## Steps to Become an Advisor

June 23, 2021

### Step 1: Establish e-Scribe Identity with DeMolay International

1. Log on to the DeMolay International Web Page at <https://demolay.org>
2. Hover over "Get Involved" at the top of the page.
3. Select "New Advisor Registration".  
**\*Please read the notice to Senior DeMolay and Former Advisors if you are one\***
4. The direct link to Advisor Registration is: <https://escribe.demolay.org/signup-advisor>
5. Fill in the required information. Choose Pennsylvania for state. For Chapter you will choose the Chapter you'll be affiliated with or "Pennsylvania At Large"
6. Click on "New Advisor Application: Your information will already be populated on the screen.
7. Complete background check information. There is a downloadable PDF should you have any questions regarding the background check information. (Note- **Do Not** pay for the background check. PA DeMolay will submit payment after E.O. Approval)
8. After completing the background check information, complete the rest of the new advisor application.
9. Once completed, click Submit Application. Your Samba Safety PA Driver's Form should be attached. You can confirm this by emailing: [Support@demolay.org](mailto:Support@demolay.org)

### Step 2: Obtain background check from PA State Police.

1. <https://www.psp.pa.gov/Pages/Criminal-History-Background-Check.aspx>
2. Click on Pennsylvania Access to Criminal History (PATCH)
3. Click "New Record Check" Volunteers Only
  - a. For "Volunteer Organization Name" type "Pennsylvania DeMolay"
  - b. Complete all of the necessary information to continue then click "Proceed". The next page will confirm who you are requesting the background check for. Click "Proceed". This is where you will enter your information again, including date of birth, social security number, any other known names, etc.
  - c. After submitting the check, if there is no record to be found, you will immediately have access to your form that you will save as a PDF file. (You will also receive one in the mail). If there are any discrepancies, you will not be able to access your record and will have to wait for it to come in the mail within two weeks.

### Step 3: Child Abuse Clearance

- This is the most time-consuming form to complete.
- You will need the following information before you begin:
  - Addresses you have lived at since 1975
  - Name, age, relation of people you have lived with since 1975
  - Please note that if you don't remember the house number, etc., Just put in as much information as you remember.

#### Direct

Link: <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx>

1. Click on "create individual account"
2. You will then go into several steps to create a log in and password. You will need to access your email to complete these steps.
3. Follow the instructions on the site and use the help desk phone number if you run into difficulty.
4. Click "Create Clearance Request"
5. When it asks your purpose in obtaining a clearance:
  - Click "Volunteer"
  - From the drop-down box click "Other"
  - Then in 2<sup>nd</sup> box type "Pennsylvania DeMolay"
6. This certificate will be available to print within 24-48 hours typically.
  - They also mail you a copy
- For more information on the Pennsylvania requirements, please visit this official website: <http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>

#### Fingerprinting

*If you are NOT a Pennsylvania resident or if you have not lived in Pennsylvania for 10 consecutive years, you must complete fingerprinting.*

1. Visit: <https://uenroll.identogo.com/>
2. Enter Code: 1KG6ZJ (This is the code for DHS Volunteer)
3. Click "Schedule/Manage Appointment"
4. Complete all information and click "Next"
5. Complete Employer Information, click "Next"
6. Complete Citizenship Information, click "Next"
7. Answer "Personal Questions", click "Next"
8. Complete "Personal Information", click "Next"
9. Complete "Address", click "Next"
10. Choose which document you will bring with you to the fingerprinting center. Click "Next"
11. Search for an enrollment center near you by entering your zip code.
12. Choose which center you wish to go to. Click "Next"
13. Then select the Date and Time that you wish for your appointment and click "Submit"
14. Payment will be required at the fingerprint location. (\$22.60)

## Disclosure & Datalink Services Forms

- Complete the disclosure form and Datalink Services form (*last three pages of this document*).

## Next Steps

- Once you have completed all of the above, you will need to email Dave Berry, Executive Secretary for PA DeMolay ([dwberry@pademolay.net](mailto:dwberry@pademolay.net)) and attach the following to your email:
  - PA Background Check
  - Child Abuse Clearances
  - Fingerprint results (if required)
  - Completed and signed disclosure form
- Dave will have the Executive Officer review your documents and approve your application.
- PA DeMolay will then submit payment for the additional background check you completed with your application at DeMolay.org
- DeMolay International will notify you that you may now begin to complete the DeMolay International Online Advisor Training. You will have 6 months to do this, after which your eScribe record will be deleted by DeMolay International. From start to finish this should take no more than 90 minutes and doesn't need to be completed in one sitting.

## Begin Advisor Training

1. Log back in to your eScribe account at DeMolay.org
2. Hover mouse over "Education"
3. Click "Advisor Training"
4. Follow through the 6 modules, answering the questions at the end of each module.

This is the first step to advisor training. Additional Pennsylvania DeMolay-specific training will be scheduled at a future date for on-site training at a location near you. This training will take approximately 2 hours to complete. You will have 6 months to complete this requirement.

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law. \

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# REQUEST FOR DRIVER INFORMATION

**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: \$14.00 FEE** (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$14.00 FEE**
- 10 YEAR DRIVER RECORD: \$14.00 FEE** (Employment Purposes Only)

- FULL HISTORY: \$14.00 FEE**
- CERTIFIED DRIVER RECORD: \$44.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$14.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$44.00 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](http://www.dmv.pa.gov)

<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 <b>Datalink Services, Inc.</b></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> <b>555 W. Adams St</b></td> </tr> <tr> <td>CITY <b>Chicago</b></td> <td>STATE ZIP CODE <b>IL 60661</b></td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) <small>(866) 454-3238</small></td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) <small>Vendor</small></td> </tr> <tr> <td colspan="2">SIGNATURE <b>X</b></td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST</td> <td>FIRST</td> <td colspan="2">INITIAL</td> </tr> <tr> <td colspan="4">ADDRESS</td> </tr> <tr> <td colspan="4">CITY</td> </tr> <tr> <td colspan="2">STATE</td> <td colspan="2">ZIP CODE</td> </tr> <tr> <td colspan="4">PHONE NUMBER</td> </tr> <tr> <td colspan="2">DATE OF BIRTH</td> <td colspan="2">DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> </tr> </table> <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</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>NAME OF DRIVER</small></td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Datalink Services, Inc</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>NAME OF PERSON/COMPANY</small></td> </tr> <tr> <td colspan="2">SIGNATURE OF DRIVER <b>X</b> DATE _____</td> </tr> </table> <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"><small>(see list of available documents below)</small></td> </tr> <tr> <td colspan="2"> <b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY <b>Datalink Services, Inc.</b>		ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <b>555 W. Adams St</b>		CITY <b>Chicago</b>	STATE ZIP CODE <b>IL 60661</b>	DAYTIME TELEPHONE NUMBER (REQUIRED) <small>(866) 454-3238</small>		RELATIONSHIP TO DRIVER (REQUIRED) <small>Vendor</small>		SIGNATURE <b>X</b>		NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		C DRIVER INFORMATION				NAME: LAST	FIRST	INITIAL		ADDRESS				CITY				STATE		ZIP CODE		PHONE NUMBER				DATE OF BIRTH		DRIVER NUMBER		MONTH	DAY	YEAR		E DRIVER RELEASE		I _____ hereby request		<small>NAME OF DRIVER</small>		the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Datalink Services, Inc</u>		<small>NAME OF PERSON/COMPANY</small>		SIGNATURE OF DRIVER <b>X</b> DATE _____		F MICROFILM		TYPE OF DOCUMENT	DATE OF VIOLATION	<small>(see list of available documents below)</small>		<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>		<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 <b>DeMolay International</b></td> </tr> <tr> <td colspan="2">ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> <b>10200 N.W. Ambassador Drive</b></td> </tr> <tr> <td>CITY <b>Kansas City, MO 64153</b></td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(816) 891-8333</b></td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) <b>Employer</b></td> </tr> </table> <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: <b>CHECK ONLY ONE</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.)  <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.)  <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)  <input checked="" type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.)  <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.  <input type="checkbox"/> <b>K = Court Order</b> 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: Filled copy of certificate prerequisite <b>MUST</b> accompany subpoena).  <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)                 </td> </tr> <tr> <td colspan="2">I hereby Certify that _____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>PRINTED NAME OF REQUESTER</small></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 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.</td> </tr> <tr> <td colspan="2">SIGNATURE OF REQUESTER <b>X</b> _____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>SIGNATURE OF REQUESTER</small></td> </tr> <tr> <td colspan="2">Title _____</td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">SUBSCRIBED AND SWORN</th> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="2">SIGNATURE OF PERSON ADMINISTERING OATH <b>X</b> _____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>SIGNATURE OF PERSON ADMINISTERING OATH</small></td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20px; text-align: center; vertical-align: middle;"><b>S E A L</b></td> <td style="text-align: center; height: 100px;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table> </td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY <b>DeMolay International</b>		ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> <b>10200 N.W. Ambassador Drive</b>		CITY <b>Kansas City, MO 64153</b>	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(816) 891-8333</b>		RELATIONSHIP TO DRIVER (REQUIRED) <b>Employer</b>		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>		<input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> 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: Filled copy of certificate prerequisite <b>MUST</b> accompany subpoena). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)		I hereby Certify that _____		<small>PRINTED NAME OF REQUESTER</small>		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.		SIGNATURE OF REQUESTER <b>X</b> _____		<small>SIGNATURE OF REQUESTER</small>		Title _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">SUBSCRIBED AND SWORN</th> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		SUBSCRIBED AND SWORN				TO BEFORE ME:	MONTH	DAY	YEAR					SIGNATURE OF PERSON ADMINISTERING OATH <b>X</b> _____		<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20px; text-align: center; vertical-align: middle;"><b>S E A L</b></td> <td style="text-align: center; height: 100px;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>		<b>S E A L</b>	SIGN IN PRESENCE OF NOTARY
A REQUESTER INFORMATION																																																																																																																									
NAME/COMPANY <b>Datalink Services, Inc.</b>																																																																																																																									
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <b>555 W. Adams St</b>																																																																																																																									
CITY <b>Chicago</b>	STATE ZIP CODE <b>IL 60661</b>																																																																																																																								
DAYTIME TELEPHONE NUMBER (REQUIRED) <small>(866) 454-3238</small>																																																																																																																									
RELATIONSHIP TO DRIVER (REQUIRED) <small>Vendor</small>																																																																																																																									
SIGNATURE <b>X</b>																																																																																																																									
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																																																																																																									
C DRIVER INFORMATION																																																																																																																									
NAME: LAST	FIRST	INITIAL																																																																																																																							
ADDRESS																																																																																																																									
CITY																																																																																																																									
STATE		ZIP CODE																																																																																																																							
PHONE NUMBER																																																																																																																									
DATE OF BIRTH		DRIVER NUMBER																																																																																																																							
MONTH	DAY	YEAR																																																																																																																							
E DRIVER RELEASE																																																																																																																									
I _____ hereby request																																																																																																																									
<small>NAME OF DRIVER</small>																																																																																																																									
the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Datalink Services, Inc</u>																																																																																																																									
<small>NAME OF PERSON/COMPANY</small>																																																																																																																									
SIGNATURE OF DRIVER <b>X</b> DATE _____																																																																																																																									
F MICROFILM																																																																																																																									
TYPE OF DOCUMENT	DATE OF VIOLATION																																																																																																																								
<small>(see list of available documents below)</small>																																																																																																																									
<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>																																																																																																																									
B END USER OF INFORMATION BEING REQUESTED																																																																																																																									
NAME/COMPANY <b>DeMolay International</b>																																																																																																																									
ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> <b>10200 N.W. Ambassador Drive</b>																																																																																																																									
CITY <b>Kansas City, MO 64153</b>	STATE ZIP CODE																																																																																																																								
DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(816) 891-8333</b>																																																																																																																									
RELATIONSHIP TO DRIVER (REQUIRED) <b>Employer</b>																																																																																																																									
D AFFIDAVIT OF INTENDED USE																																																																																																																									
Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>																																																																																																																									
<input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> 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: Filled copy of certificate prerequisite <b>MUST</b> accompany subpoena). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)																																																																																																																									
I hereby Certify that _____																																																																																																																									
<small>PRINTED NAME OF REQUESTER</small>																																																																																																																									
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.																																																																																																																									
SIGNATURE OF REQUESTER <b>X</b> _____																																																																																																																									
<small>SIGNATURE OF REQUESTER</small>																																																																																																																									
Title _____																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">SUBSCRIBED AND SWORN</th> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		SUBSCRIBED AND SWORN				TO BEFORE ME:	MONTH	DAY	YEAR																																																																																																																
SUBSCRIBED AND SWORN																																																																																																																									
TO BEFORE ME:	MONTH	DAY	YEAR																																																																																																																						
SIGNATURE OF PERSON ADMINISTERING OATH <b>X</b> _____																																																																																																																									
<small>SIGNATURE OF PERSON ADMINISTERING OATH</small>																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20px; text-align: center; vertical-align: middle;"><b>S E A L</b></td> <td style="text-align: center; height: 100px;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>		<b>S E A L</b>	SIGN IN PRESENCE OF NOTARY																																																																																																																						
<b>S E A L</b>	SIGN IN PRESENCE OF NOTARY																																																																																																																								

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 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 \$14.00 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:

*For overnight and other special mail:*

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

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.

(\$14.00 fee)

3 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past

(\$14.00 fee)

3 years from the date request is processed.

10 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$14.00 fee)

past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$14.00 fee)

complete history of the driver on file in Pennsylvania.

CERTIFIED RECORD. . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$44.00 fee)

complete history of the driver on file in Pennsylvania certified by the Department.

#### MICROFILM

DOCUMENT . . . . . Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific

(\$14.00 fee)

as to the type of document and the date of the violation/action.

#### CERTIFIED COPY

OF DOCUMENT . . . . . Copies of documents from the microfilm file that have been certified by the Department.

(\$44.00 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](http://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](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.