



Second Alarmer's Association and Rescue Squad

of Montgomery County

Emergency Calls: Dial 911

Administrative Office
307 Davisville Road PO Box 90
Willow Grove, PA 19090
Administrative Phone 215.659.1885
Fax 215.659.3177

Dear Applicant,

Thank you for your interest in Second Alarmer's Rescue Squad! Attached is the Application for Volunteer Membership. Please follow the instructions below to ensure smooth and quick processing of your application.

1. Fill out the application completely leaving no blanks. If a question does not apply, then write "N/A".
2. Submit the following items with your application:
 - a. A copy of your state-issued driver's license (preferred) **-or-** photo identification card. An official form of photo ID (i.e. school issued ID) will be accepted **only** if you do not have a state-issued license or ID.
 - b. A copy of your Social Security card.
 - c. A completed and signed copy of the attached Department of Transportation Request for Driver Information Authorization Form. Do not submit this separately to the DOT, there are no additional fees.
 - d. Copies of the Results Forms received after separately submitting and obtaining the required PA Child Protective Services Law Background Check Clearances (additional instructions included, fees apply).
 - e. Copies of all other applicable documents and certifications as listed in the application.
3. **Applicants are encouraged to electronically complete and submit digital or printed/scanned applications including all supporting documentation by emailing them to Volunteer@main.sars.org.** Applications may also be faxed, mailed or hand delivered to the Administrative Office address listed above, "ATTN: Volunteer Personnel Committee".
4. Upon complete submission of your application, a member of the Volunteer Personnel Committee will contact you to schedule an interview and a money order or check in the amount of **\$60.00** will also be collected. ***This fee is non-refundable*** as it partially offsets the costs incurred processing your application and background checks. (Checks should be made out to "Second Alarmer's Rescue Squad".)

Depending on your availability and schedule, on average, it can take anywhere from 1-3 months for an applicant to be fully processed, interviewed, accepted, oriented and cleared to ride and respond to calls. Please plan accordingly.

If you have any questions regarding volunteer membership or the application process, please do not hesitate to contact us at 215-659-1885 or Volunteer@main.sars.org. On behalf of everyone at Second Alarmer's, we look forward to meeting you!

Sincerely,

The Volunteer Personnel Committee

rev. 11/01/2020

*Proudly Serving the Townships of Abington, Upper Dubin, Upper Moreland, Whitpain
and the Boroughs of Hatboro, Jenkintown, Rockledge and Surrounding Communities*



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VOLUNTEER MEMBERSHIP APPLICATION PROCESS

Pre-Application Submission	Participate in the Ambulance Observer Program for one (recommended) or two (optional) shifts as an observer riding and responding to calls. Consider whether you can commit to the demands and membership requirements.
Application Submission	Submit complete application including all applicable documents, certifications, and background check clearances.
Interview	After receipt of your application, the Volunteer Personnel Committee will contact you for a half-hour interview. The interview will provide you the opportunity to convey your interest in and qualifications for membership and for you to ask any questions you have about membership. It will also provide us the opportunity to describe the volunteer membership expectations and the typical member experience. Interview's <i>typically</i> occur on the Sunday's prior to the Monthly Business Meeting of the Organization.
Application Consideration	At the next scheduled Monthly Business Meeting following the interview, the Body of the Organization will consider your application and determine whether to accept you as a member. <u>The Monthly Business Meetings of the Organization are scheduled for the second Monday of each month.</u>
Notification	You will be notified of the Organization's decision by the Volunteer Personnel Committee if you are unable to attend the meeting.
New Member Orientation (NMO)	Once accepted, new members are expected to attend the next scheduled New Member Orientation either that month or the next. NMO <i>typically</i> occurs during an eight-hour day on the third Sunday of each month.
Probationary Period	After completing NMO and any further requirements, new members are cleared to begin completing Ambulance Duty shifts or perform administrative duties at any time. During the first six months of membership, new members will begin the Volunteer Field Training Program and receive significant support and feedback from Second Alarmer's.

Depending on your availability and schedule, on average, it can take anywhere from 1-3 months for an applicant to be fully processed, interviewed, accepted, oriented and cleared to ride and respond to calls. Please plan accordingly.

Example Timeline: If a complete application is submitted mid-January, references will be checked, and interviews will be held the first week of February, typically on first or second Sunday of February. The applicant will be presented at the Monthly Business Meeting on the second Monday of February. Orientation will be held on the third Sunday of February. The new member could then be cleared to ride and respond to calls within one week, by the end of February.

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VOLUNTEER MEMBERSHIP REQUIREMENTS

	Minimum Age	Minimum Hours	Minimum Meetings	Special Privileges
District Member	Sixteen (16) years old to apply	Complete 50 hours of Active Duty every 6 months (100 every year)	None	Not eligible for election to the Board Not eligible for appointment to the Line Not eligible to vote
Active Member	Eighteen (18) years old and be a District Member for 6 months	Complete 100 hours of Active Duty every 6 months (200 every year)	Attend 2 Business Meetings every 6 months (4 every year)	Eligible for election to the Board Eligible for appointment to the Line Eligible to vote
Life Active Member	Be an Active Member for 15 years	None	None	Eligible for election to the Board Eligible for appointment to the Line Eligible to vote
Sustaining Professional	Eighteen (18) years old to apply	None	None	Volunteer Members who give their professional and/or financial support in ways other than Ambulance Duty Eligible for election to the Board Not eligible to vote unless on the Board
Sustaining Employee*	Eighteen (18) years old to apply	N/A	N/A	Not eligible for election to the Board Eligible for appointment to the Line Not eligible to vote

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BACKGROUND CHECK CLEARANCE INSTRUCTIONS

The Commonwealth of Pennsylvania made significant changes to update the Child Protective Services Law (CPSL) in 2013 and 2014. In doing so they expanded who and what background check clearances are required. In order to ensure that Second Alarmer's remains in compliance, The Board of Directors have reviewed the background check clearances required by the CPSL and after extensive discussion/debate, as of November 2, 2015, all prospective volunteer members and prospective employees are required to obtain and submit results forms for the following background check clearances **prior to acceptance of membership/employment** and **renew these clearances every five (5) years**:

1. **Pennsylvania Child Abuse History Clearance (ChildLine)**

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

- a. **Registration/Submission:** 10-30 minutes/online
- b. **Results:** Within minutes-14 days/digital download online or paper by US Mail
- c. **Cost:** \$13.00 – Employee / Free – Volunteer

2. **Pennsylvania State Police Criminal Record Check (PATCH)**

<https://epatch.state.pa.us/>

- a. **Registration/Submission:** 10-15 minutes/online
- b. **Results:** Within minutes-14 days/digital download online only
- c. **Cost:** \$22.00 – Employee / Free – Volunteer

3. **FBI Criminal Background Check (Fingerprint) – IdentoGO**

<https://uenroll.identogo.com/>

- a. **Registration/Submission:** 5-10 minutes/online

Employees

- i. **Department:** PA Department of Human Services
- ii. **Applicant Type:** Child Care Services/Program Employee or Contractor
- iii. **Service Code:** 1KG738

Volunteers

- i. **Department:** PA Department of Human Services
- ii. **Applicant Type:** DHS Volunteer
- iii. **Service Code:** 1KG6ZJ

- b. **Fingerprinting:** 10-15 minutes/in-person at fingerprint location
- c. **Results:** Within 10-14 days/paper by US Mail only
- d. **Cost:** \$25.75 – Employee / \$25.75 – Volunteer
- e. SARS will not except Disclosure Statements in lieu of fingerprinting

Previously obtained background check clearances will be accepted and will remain valid with Second Alarmer's for five (5) years from the date the background check clearance results from indicates. However, once the oldest background check expires, you will be required to complete and submit new copies of all three background checks.

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Service Name: DHS Volunteer

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG6ZJ

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**



Second Alarmers Rescue Squad of Montgomery County

Application for Membership

Directions: Please type or print clearly

Today's Date (MM/DD/YYYY)

Second Alarmers Rescue Squad is a private non-profit organization that considers applications for all positions without regard to: race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other legally protected class.
SECOND ALARMER'S IS A DRUG-FREE WORKPLACE.

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip Code _____

Primary Phone _____ Phone Type Mobile Home Business
Secondary Phone _____ Phone Type Mobile Home Business

E-mail Address _____ Social Security Number (000-00-0000) _____

Note: All healthcare entities are required to register providers by their Social Security Number to Medicare.

Date of Birth _____ Driver's License Number _____ State _____ Expiration Date _____

Are you eighteen (18) years of age or older?

Yes No

If under eighteen (18) a work permit is required, do you have one?

Yes No Not Applicable

Do you have any relatives or friends that are currently members/employees at SARS?

Yes No

If "yes", list the names:

POSITION INFORMATION

What position are you applying for?

Volunteer Membership Employment

What is your EMS Certification level?

EMT Paramedic Not Applicable

Have you ever been a member/employee at SARS?

Yes No

If "yes", list the date(s), prior position(s) and reason(s) for leaving:



Second Alarmer's Rescue Squad of Montgomery County

Application for Membership

WORK REQUIREMENTS & GENERAL INFORMATION

Can you provide, if hired for employment, that you are eligible to work in the U.S.?

- Yes No Not Applicable

Has your driver's license ever been suspended or revoked for any reason?

- Yes No

Have you ever been arrested, charged or convicted by any law enforcement authority or court?

- Yes No

Have any of your medical certifications or Medicare Provider Privileges been suspended or revoked?

- Yes No

Do you have a valid driver's license?

- Yes No

If "yes", list the date(s) and reason(s):

If "yes", explain all such events including place(s), date(s), and disposition(s):

If "yes", explain all such events including place(s), date(s), and disposition(s):

Note: Answering "yes" to any of the above questions does not constitute an automatic rejection from membership/employment. Date of the offence, serious and nature of the violation, rehabilitation and position applied for will be considered.

CERTIFICATION INFORMATION

	Number	Activation Date	Expiration Date	Certifying Agency	Included
CPR (BLS or HCP)					<input type="checkbox"/>
Basic First Aid					<input type="checkbox"/>
PA EMS Provider Certification					<input type="checkbox"/>
National Registry EMS Certification					<input type="checkbox"/>
EVOC/EMSVO					<input type="checkbox"/>
Hazardous Materials					<input type="checkbox"/>
PHTLS/TCCC					<input type="checkbox"/>
ACLS					<input type="checkbox"/>
PALS					<input type="checkbox"/>
NIMS ICS 100					<input type="checkbox"/>
NIMS ICS 200					<input type="checkbox"/>
NIMS ICS 700					<input type="checkbox"/>
NIMS ICS 800					<input type="checkbox"/>

Note: List only current certifications and be sure to include copies of all listed certifications upon submission.



Second Alarmer's Rescue Squad of Montgomery County

Application for Membership

EMPLOYMENT HISTORY

1 | Employer

City

State

Supervisor Name

Phone Number (000) 000-0000

Phone Type

Mobile Home Business

Job Title

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Job Description (including duties and responsibilities)

Reason for Leaving

May we contact?

Yes No

2 | Employer

City

State

Supervisor Name

Phone Number (000) 000-0000

Phone Type

Mobile Home Business

Job Title

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Job Description (including duties and responsibilities)

Reason for Leaving

May we contact?

Yes No

3 | Employer

City

State

Supervisor Name

Phone Number (000) 000-0000

Phone Type

Mobile Home Business

Job Title

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Job Description (including duties and responsibilities)

Reason for Leaving

May we contact?

Yes No



Second Alarmer's Rescue Squad of Montgomery County

Application for Membership

EDUCATION & TRAINING

High School

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

College

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

Other College

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

Technical School

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

Other School/Training

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

High School

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No

Military Branch of Service

City

State

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Did you graduate?

Degree

Yes No



Second Alarmer's Rescue Squad of Montgomery County

Application for Membership

REFERENCES

1 | Name (First, Last)

Employer

Years Known

E-mail Address (email@domain.com)

Reference Type

Former Current

Job Title

Phone Number (000) 000-0000

Relationship

Phone Type

Mobile Home Business

2 | Name (First, Last)

Employer

Years Known

E-mail Address (email@domain.com)

Reference Type

Former Current

Job Title

Phone Number (000) 000-0000

Relationship

Phone Type

Mobile Home Business

3 | Name (First, Last)

Employer

Years Known

E-mail Address (email@domain.com)

Reference Type

Former Current

Job Title

Phone Number (000) 000-0000

Relationship

Phone Type

Mobile Home Business

Note: An important part of the membership process is reference checking. Although we may contact the listed employers and references, after we receive your application, you will also receive an email titled "Second Alarmer's Rescue Squad Reference Checking Process". This email will provide you with instructions on how to complete this process separately, which is entirely online.



Second Alarmers' Rescue Squad of Montgomery County

Application for Membership

PREVIOUS EXPERIENCE

Do you have any other current medical, fire, rescue, or related certifications or training not listed above? If so, list the name of all applicable certifications and trainings and be sure to include copies of all listed certifications and trainings upon submission.

Have you ever volunteered or been employed at a public safety entity before? If so, list the name of the organization(s), years of services, position held and contact info. (i.e. police department, ambulance service, fire department, rescue service, etc.)

Do you have any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application? If so, list the title, type, and extent of your experience.

ATTACHMENTS

- | | |
|---|--|
| <input type="checkbox"/> Copy of Driver's License/Photo Identification | <input type="checkbox"/> DOT Request for Driver Information Authorization Form
(Completed & Signed) |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Background Check Disclosure and Authorization Form
(Completed & Signed) |
| <input type="checkbox"/> Copy of Work Permit (if applicable) | <input type="checkbox"/> PA Child Abuse History Clearance
(Completed & Submitted) |
| <input type="checkbox"/> Copy of CPR, Basic First Aid, EMS Provider Certification (if applicable) | |
| <input type="checkbox"/> Copies of All Other Applicable Certifications | |

Note: For your application to be considered, all supporting documentation must be attached.



Second Alarmer's Rescue Squad of Montgomery County

Application for Membership

ACKNOWLEDGEMENT & AUTHORIZATION

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my termination of membership/employment if accepted/hired. I recognize that completion of this application does not mean that position openings exist and does not obligate Second Alarmer's Rescue Squad (SARS) in any way. Applications will remain active for six (6) months, after which time re-application will be necessary. If accepted/hired, membership/employment will be "at will" and either I or SARS is free to terminate the membership/employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for membership/employment.

If accepted/hired and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I am required to undergo drug screening tests as condition of membership/employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to membership/employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by SARS as a condition of my membership/employment, and hereby give my consent to the release of all information which SARS deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from SARS.

I hereby authorize SARS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership/employment, including personal inquiries, educational inquiries, financial inquiries, criminal history check, driving record check, child abuse clearance check, and other such inquiries. I release SARS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my membership/employment with SARS may be terminated.

I also agree to pay SARS a non-refundable Application Fee that covers the cost of background checks and clearances which will be collected at the time of interview.

Signature of Applicant

Date

.....

SARS requires that all applicants less than eighteen (18) years of age receive parent or guardian consent in order to apply and hold membership. Your signature on this application indicates you are granting your child permission to apply for Volunteer Membership and you understand the above activities and authorize them to be conducted.

Signature of Parent/Guardian (If under 18)

Relationship

Date

FOR SARS USE ONLY

Application Received By

Class/Position Interviewing For

Membership Vote/Hire Decision

Application Received Date

Interview/NEO 1 Date

Membership Vote/Hire Date

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us
 PLEASE TYPE OR PRINT IN BLUE OR BLACK INK
 DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS



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 website at www.dmv.state.pa.us

<p>A REQUESTER INFORMATION</p> <p>NAME/COMPANY Second Alarmers Association and Rescue Squad</p> <p>ADDRESS 307 Davisville Road - P.O. Box 90</p> <p>CITY STATE ZIP CODE Willow Grove PA 19090</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 659-1885</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Employer</p> <p>SIGNATURE NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p>B END USER OF INFORMATION BEING REQUESTED</p> <p>NAME/COMPANY Second Alarmers Association and Rescue Squad</p> <p>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence 307 Davisville Road - P.O. Box 90</p> <p>CITY STATE ZIP CODE Willow Grove PA 19090</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) (215) 659-1885</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Employer</p>
<p>C DRIVER INFORMATION</p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DATE OF BIRTH DRIVER NUMBER</p> <p>MONTH DAY YEAR</p>	<p>D AFFIDAVIT OF INTENDED USE</p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</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>) <p>I hereby Certify that Second Alarmers Association and Rescue Squad PRINTED NAME OF REQUESTER</p> <p>will use the driver record abstract(s) required pursuant to Section 8114 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.</p> <p>X SIGNATURE OF REQUESTER</p> <p>Title Assistant Chief</p>
<p>E DRIVER RELEASE</p> <p>I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to Second Alarmers Association and Rescue Squad NAME OF PERSON/COMPANY</p> <p>X _____ SIGNATURE OF DRIVER DATE</p>	<p>F MICROFILM</p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p>(see list of available documents below)</p> <p>Documents Available:</p> <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
<p>MESSANGER NO.</p>	<p>NOTARIZATION</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p>X _____ SIGNATURE OF PERSON ADMINISTERING OATH</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>SEAL</p> <p>NOT REQUIRED</p> </div>

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 \$5.00 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.

(\$5.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's website at www.dmv.state.pa.us**

(\$5.00 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. **You can obtain a copy of your own record on PennDOT's website at www.dmv.state.pa.us**

(\$5.00 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.

(\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania certified by the Department.

(\$10.00 fee)

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$5.00 fee)

CERTIFIED COPY

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

(\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

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

* 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.state.pa.us and click on "Online Business Services" for more information.