DL-9105 (5-22)

pennsylvania
DEPARTMENT OF TRANSPORTATION

Account Number: #3

IS THIS AN UPDATE TO THE EXISTING SUBACCOUNT? YES ❒ NO ☑
IF YES, THE CURRENT SUBACCOUNT NUMBER MUST BE LISTED.
SUBACCOUNT NUMBER _____

EMPLOYMENT AFFIDAVIT OF INTENDED USE
INFORMATION SALES UNIT

(See Reverse Side for Instructions)

Business Type (check one): ❑ **Individual** ❑ **Partnership** ❑ **Corporation** ❑ **Non-Profit**

Legal Business Name: _____

D/B/A Name (if applicable): _____

Person Responsible: Name: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax No.: _____

E-mail: _____ Website Address: _____

Federal Employer ID No.: _____ If Corporation, Date & State of Incorporation: _____

Year Business Established: _____ Dun & Bradstreet #: _____ U.S. DOT #: _____ (if applicable)

Location of Records: For departmental on-site inspection, audit and review purposes. ❒ Check here, If address is same as above.

Street Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

Ownership: List below individual, each partner, or each corporate officer participating in the direction, control or management of the business. Attach list if needed.

Name (Last, First, MI)	*Title*	*Phone Number*	*Email Address*
1.			
2.			
3.			

Please initial each statement below and sign at the bottom of the form.

_____ 1. I swear or affirm that any requested information will be used for **employment** purposes only.

_____ 2. I swear or affirm that I have on file a signed release for the subject of each driver record requested.

_____ 3. I swear or affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the confidentiality of these records.

_____ 4. I swear or affirm that I will not request driver information from the Department for personal reasons. (Examples of inappropriate access or misuse of Department information include, but are not limited to: making personal inquiries on my own record or those of my relatives; accessing information about another person, including locating their residence address, for any reason that is not related to my job responsibilities.)

_____ 5. I swear or affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.

_____ 6. I swear or affirm that I understand that the Department retains exclusive ownership of all driver record information provided and no record shall be combined and/or linked in with any other data on any database for any reason.

_____ 7. I swear or affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types of mail or mailings.

_____ 8. I swear or affirm that I will not disseminate or publish on the Internet the personal information obtained from the Department or allow any other person to disseminate or publish the personal information on the Internet without the express written permission of the Department.

_____ 9. I 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 a term of imprisonment of not more than two years, or both.

Subscribed and Sworn to Before Me:	**Mo.**	**Day**	**Year**

SEAL

Signature of Person Administering Oath

Sign in Presence of Notary

_____
Signature Date

_____
Title

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INTENDED USE

1. The affidavit must be completed and signed by a member of your agency or firm who has the authority to certify the agency or firm's compliance.
2. Please complete each line on the form in its entirety to avoid delays in processing your affidavit. If requested information does not apply to your business insert **n/a** (not-applicable) on that line.
3. The person responsible for completing the affidavit **must initial each of the nine (9) declaration statements, then sign and date the form in the presence of a Notary.**
4. This original affidavit must be returned to your information provider. **(Confirm Choice, LLC, 4219 Hillsboro Pike, Suite 211, Nashville, TN 37215)**
5. You are required to complete, notarize and file a new Affidavit of Intended Use whenever information about your company changes. (name, address, ownership, telephone, website, etc.)
6. If you need assistance in completing this affidavit, please contact your information provider (Confirm Choice, LLC, at 615-383-5932 or email support@confirmchoice.com).
7. Once complete, mail original completed form to Confirm Choice, LLC, 4219 Hillsboro Pike, Suite 211, Nashville, TN 37215. Confirm Choice must mail completed affidavit along with a letter on company letterhead requesting client be added to the Confirm Choice commercial account for motor vehicle records to: PA Department of Transportation (PENNDOT), 1101 South Front Street, Driver Records Services, Harrisburg, PA 17104 (must be mailed - cannot be faxed or emailed) Phone: 717-705-1051