



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

SAFE ENVIRONMENT PARISH EMPLOYEE REQUIREMENTS CHECKLIST

All Parish employees regardless of having contact with children must have the following:

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

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

Have you resided in the state of Pennsylvania for more than a year?

Yes _____ No _____

UEID _____

FP Payment Code _____

CAH Payment Code _____



Diocese of Allentown
Background Check Authorization Form
for Lay Employees & Volunteers

Personal Information – Please Print

THIS FORM MAY BE REPRODUCED

Full Name:

Last Name

First Name

Middle

☐ Male

☐ Female

Alias(es):

Last Name

First (Middle)

Race:

Date of Birth:

/ /
mm / dd / yyyy

S.S. Number:

Required for Employees

Current Address:

Street Address

Apartment #

City

State

ZIP Code

Phone:

Email Address:

Diocesan Location:

Site Name (ie St Joseph Church)

City (ie Summit Hill)

Location Type: ☐ Parish ☐ School ☐ Both

Diocesan Position:

☐ Employee

☐ Contractor

☐ Volunteer

☐ Rel. Sister

Function (ie Classroom, CYO, etc)

Does position require regular interaction with children?

☐ Yes

☐ No

Previous background check through the DoA?

☐ Yes

☐ No

Acknowledgement Signature

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature _____

Date _____

- ☒ Completed form must be returned to requesting LSEC, Pastor, Principal or Administrator.
- ☒ Parish/School must retain a copy of this completed form in the employee/volunteer file.
- ☒ Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: **Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

1. **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and give you the name, address, and phone number of the agency that provided the information.
2. **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit file;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as the result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
3. **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
4. **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
5. **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
6. **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
7. **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
8. **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
9. **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
10. **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
11. **Identity theft victims and active duty military personnel have additional rights.** For more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights, including contact information, visit <http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>

Para Informacion en español, visite www.consumerfinance.gov/learnmore o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue. N.W., Washington, DC 20580

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain EMPLOYEE

Child Abuse History Certification Clearances

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

Create and Access an Individual Account

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

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Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."

17. Click "Begin"

18. Volunteers should select "Volunteer having contact with children" for the Application purpose:

a. **Please note:** Volunteer clearances cannot be used for employment.

19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.

20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.

21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.

a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.

b. Those who have passed can still be listed. You can note this rather than giving an age.

22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

Place Fee-Waived Code Label Here

(LSEC Use Only)

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

Next Steps:

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

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

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DIOCESE OF ALLENTOWN

Instructions to Obtain Fingerprints for Church Volunteers and Employees

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

Enter your Service Code to get started

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

Select Schedule or Manage Appointment.

During registration:

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

Payment Code

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

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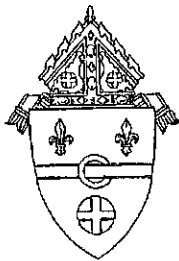
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22. **Identity theft victims and active duty military personnel have additional rights.** For more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights, including contact information, visit <http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>

Para Información en español, visite www.consumerfinance.gov/learnmore o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue, N.W., Washington, DC 20580



DIOCESE OF ALLENTOWN
Code of Conduct
Acknowledgment Form for
DIOCESAN CLERGY, LAY
EMPLOYEES AND LAY VOLUNTEERS

I hereby acknowledge that I have received a copy of the Code of Conduct for Diocesan Clergy, Lay Employees and Lay Volunteers dated 24 October 2003, revised 15 May 2014, 16 June 2017 and 20 November 2018. I have reviewed the Code of Conduct and understand its contents. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Code of Conduct.

I understand that in working with children and/or youth, I am also subject to a background check including criminal history. I understand that any action inconsistent with the Diocese of Allentown Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal from involvement with children and/or youth, and/or removal from ministry. My signature confirms I have read this Code of Conduct and agree to follow the standards set forth in the Code of Conduct.

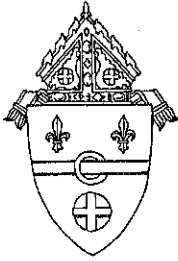
I further understand that the Diocese of Allentown has issued the Code of Conduct for informational and guidance purposes only and that the Diocese does not intend for the Code to create a contract of employment or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically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

(Date)

(Signature of Employee/Volunteer)

Diocesan Location

(Please print name)



DIOCESE OF ALLENTOWN
Sexual Abuse Policy Acknowledgment Form

I hereby acknowledge that I have received a copy of the *Policy Regarding Alleged Sexual Abuse of Minors by Diocesan Clergy, Lay Employees of the Diocese, Lay Employees of Parishes, Lay Volunteers of the Diocese and Lay Volunteers of Parishes* ("Sexual Abuse Policy") *Revised 20 April 2004, 19 July 2006, 10 October 2008, 29 November 2012, 23 April 2013, 15 May 2014, and 6 December 2016.*

I have reviewed the Sexual Abuse Policy and understand its contents, including the statement that the Diocese of Allentown considers any allegation of sexual abuse or exploitation of a minor by a cleric or lay employee to be an extremely serious matter. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Sexual Abuse Policy.

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

(Date)

(Signature of Employee/Volunteer)

(Please print name)



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
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Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

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

1. Pa Family Support Alliance website: <https://pafsa.org/>
 - a. Click on "Trainings & Programs" at the top of the page
 - b. Select "Mandated Reporter Training"
 - c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
 - d. Look for Virtual Sessions in (month), (click here)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select "Register"
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.
2. University of Pittsburgh's website:
<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click "Submit" to create a username and password.
 - c. Login using your new credentials in the "Welcome" tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

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




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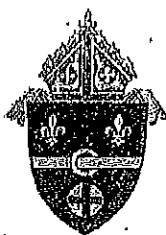
Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

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

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the "First-Time Registrant" button
3. Select  "Begin the registration process"
4. Using the dropdown arrow select "Allentown, PA (Diocese)"
5. Click "yes or no" if you have previously registered with Virtus. Select "No" if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select "No Email," you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select "Yes" if you are associated with any other diocesan locations, "No" if you are not.
10. Please answer the four questions on the next page
11. Indicate if you have already attended a PGC Session, by clicking "Yes" or "No"
12. On the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button"
13. Thank you for registering for Virtus Online, you will receive an email with the required reading material within five business days.
14. Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator.

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Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work are considered mandated reporters of child abuse and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

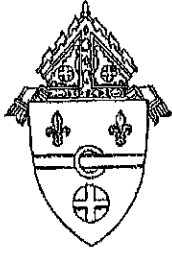
- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
- Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
- Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
- Please call the Appropriate Office of Children and Youth Services:

| | | | |
|-------------|--------------|------------|--------------|
| Berks | 610-478-6700 | Bucks | 215-348-6950 |
| Carbon | 570-325-3644 | Luzerne | 570-826-8710 |
| Lehigh | 610-782-3064 | Monroe | 570-420-3590 |
| Northampton | 610-829-4690 | New Jersey | 877-652-2873 |
| Schuylkill | 570-628-1050 | Montgomery | 610-278-5800 |
- The Pastor (or Board of Pastors of the Regional School)
- The Principal of the school
- Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
- If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.

****Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**



DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form

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

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

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

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

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

| A REQUESTER INFORMATION | B END USER OF INFORMATION BEING REQUESTED |
|---|--|
| NAME/COMPANY Diocese of Allentown | NAME/COMPANY |
| ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> P. O Box F | ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> |
| CITY STATE ZIP CODE Allentown PA 18102 | CITY STATE ZIP CODE |
| DAYTIME TELEPHONE NUMBER <small>(REQUIRED)</small> (610) 871-5200 | DAYTIME TELEPHONE NUMBER <small>(REQUIRED)</small> |
| RELATIONSHIP TO DRIVER <small>(REQUIRED)</small> | RELATIONSHIP TO DRIVER <small>(REQUIRED)</small> |
| SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD | D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release <small>(Driver must complete Section E.)</small> <input type="checkbox"/> C = Credit Business <small>(Legitimate Business need in connection with a business transaction initiated by the driver.)</small> <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer <small>(In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)</small> <input type="checkbox"/> E = Employment <small>(To support the hiring or the continuation of employment. Driver must complete Section E.)</small> <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. <small>(A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena.)</small> <input type="checkbox"/> L = Attorney representing driver identified in Section C <small>(Driver must complete Section E.)</small> |
| C DRIVER INFORMATION | |
| NAME: LAST FIRST INITIAL | |
| ADDRESS | |
| CITY | I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> 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. X _____ <div style="text-align: right;">SIGNATURE OF REQUESTER</div> Title _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR </div> <div style="width: 45%;"> X _____ SIGNATURE OF PERSON ADMINISTERING OATH </div> </div> |
| 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 _____ <small>NAME OF PERSON/COMPANY</small> X _____ <small>SIGNATURE OF DRIVER</small> <small>DATE</small> | |
| F MICROFILM | |
| TYPE OF DOCUMENT. DATE OF VIOLATION | |
| <small>(see list of available documents below)</small> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice | |
| MESSANGER NO. | <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center; font-weight: bold;">S E A L</div> <div style="width: 80%;"> <p style="text-align: center; margin-top: 0;">SIGN IN PRESENCE OF NOTARY</p> </div> </div> </div> </div> |

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 \$12.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-6695

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.
(\$12.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.
(\$12.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.
(\$12.00 fee)

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania.
(\$12.00 fee)

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania certified by the Department.
(\$38.00 fee)

MICROFILM DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
(\$12.00 fee)

CERTIFIED COPY OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.
(\$38.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

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

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

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.
If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.dmv.pa.gov and click on "Online Business Services" for more information.

APPLICATION: National Sex Offender Registry Verification

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

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

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

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

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

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

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

Applicant Demographic Information (All fields required)

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

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

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

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

Home Mailing Address: _____

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

City, State and Zip Code _____

E-mail Address: _____

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

Signature: _____

Date: _____

