

Account Number:	

EMPLOYMENT AFFIDAVIT OF INTENDED USE INFORMATION SALES UNIT

			(See Revers	se Side for instru	ctions)			
ı	Business Type (che	eck one):	Individua	l 🛭 Partnersl	nip 🛭 Corpora	ation 🗖 Non-	-Profit	
egal Business I	Name:							
D/B/A Name (if a	applicable):							
Person Respons	sible: Name:				Title:			
Physical Address	s:							
Oity:					State:	Zip:		
Business Teleph	one: Á			<i>Ж</i> ЖТах No.:Ж <u>́</u>				
-mail:				Website Addr	ess:			
ederal Employe	er ID No.:		If Corporation,	Date & State of Incorp	oration:			
rear Business E	stablished:	Dun	& Bradstreet #:		U.S. DOT	#:	(if applicable	
ocation of Rec	cords: For departmental	on-site inspecti	on, audit and re	view purposes. ם C	heck here, If address	s same as above.		
Street Address:	Street Address: City:				State: Zip:			
Type of Busines	ss:							
Ownership: Lis	t below individual, each pa	artner, or each o	orporate officer	participating in the dire	ection, control or mana	gement of the busine	ss. Attach list if needed.	
Name (Last, First, MI)				Title	Date of Birth (MM/DD/YYYY)	Driver License STATE	Day-Time Phone Number	
1.					,			
2.								
3.								
	Please	e initial each	statement	below and sign a	at the bottom of	the form.		
1.	I swear and affirm that a			•				
	I swear and affirm that I					l.		
	I swear and 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 and 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.	5. I swear and affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.							
	 5. I swear and 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.	7. I swear and affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types							
8.	of mail or mailings. 8. I swear and 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 and affirm that the penalties of 18 PA C. term of imprisonment of	ne statements m .S. Section 4903	ade herein are 1 3(a)(2) (relating	true and correct, and to false swearing), wh	hat any statement ma	de on or pursuant to t	his form is subject to	
Subscribed to Before M	d and Sworn Me: Mo.	Day	Year					
10 201010 11		- u y		+				
9	Signature of Person Ad	dministerina Ωath		Signature		Da	ate	
S	Sign in Presence	· ·						
A	olgii iii i iesellot	o or Hotaly						
				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 <u>must initial each of the nine (9) declaration</u> <u>statements, then sign and date the form in the presence of a Notary.</u>
- 4. This affidavit must be returned to your information provider.
- 5. You are required to complete, notarize and file a <u>new</u> 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.