

or #3

EMPLOYMENT AFFIDAVIT OF INTENDED USE INFORMATION SALES UNIT

		(See Reverse				
E	Business Type (check on	e): 🛛 Individual	Partnershi	p 🖞 Corpora	ation 🛛 Non	-Profit
Legal Business I	Name:					
D/B/A Name (if a	applicable):					
Person Respons	ible: Name:		Т	itle:		
Physical Addres	3:					
City:			S	tate:	Zip:	
Business Teleph	one: Á		Á AFax No.: Á			
E-mail:			Website Addres	s:		
Federal Employe	er ID No.:	If Corporation, Da	te & State of Incorpo	ration:		
Year Business E	stablished:	_ Dun & Bradstreet #:		U.S. DOT	#:	(if applicable
Location of Red	cords: For departmental on-site	inspection, audit and revie	w purposes. 🗹 Che	eck here, If address i	s same as above.	
Street Address:		City:			State:	Zip:
Type of Busine	<mark>ss:</mark>					
Ownership: Lis	t below individual, each partner, o	r each corporate officer pa	rticipating in the direc	tion, control or mana	gement of the busine	ess. Attach list if needed.
Name (Last, I	First, MI)		Title	Date of Birth	Driver License	Day-Time Phone Number
1.				(MM/DD/YYYY)		Priorie Number
2.						
3.						
		l each statement be	low and sign at	the bottom of t	he form	
1.						
^{1,}	I swear and affirm that any requested information will be used for employment purposes only. I swear and affirm that I have on file a signed release for the subject of each driver record requested.					
3 .	I swear and affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the					
4.	confidentiality of these records. 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.	I swear and affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.					
<mark>6</mark> .	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.					
<mark>7</mark> .	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 of mail or mailings.					
<mark>8</mark> .	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.					
<mark>9</mark> .	I swear and affirm that the stater the penalties of 18 PA C.S. Secti term of imprisonment of not more	nents made herein are true on 4903(a)(2) (relating to f	e and correct, and th	at any statement ma	de on or pursuant to	this form is subject to
Subscribed to Before M	<mark>l and Sworn</mark> //e: Mo. Day	Year				
	,					
		ng Oath	Signature		Da	

Sign in Presence of Notary

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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 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.