



UNITED STATES AIR FORCE AUXILIARY  
CIVIL AIR PATROL

HEADQUARTERS  
PENNSYLVANIA WING  
BLDG 3-108, FT INDIANTOWN GAP, ANNVILLE PA 17003  
PHONE: 717-861-2335 EMAIL: HQ@PAWG.CAP.GOV

28 July 2011

INCLUDES 1 MAY 2012 UPDATE

MEMORANDUM FOR PA WING

FROM: CS

SUBJECT: CAP Drivers License Application Procedure

1. Pennsylvania Wing has updated the application process and procedure for obtaining CAP drivers licenses. This process is similar to our existing radio operators authorization (ROA) card system and will permit the member to download and print their CAP drivers license after it has been processed.
2. To apply, members must complete the PA Wing Drivers License Form 77 and PennDOT form DL-503, then submit both to Wing Headquarters.
  - a. Members must complete only the following sections of the DL-503
    - i. Section C – Driver Information
    - ii. Section E – Driver Release
  - b. Do not complete any other sections
3. Both PAWG Form 77 and PennDOT 503 must be typed. Hand written forms will be rejected.
4. Unit commanders must sign the member's Form 77 signifying the member is in good standing.
5. Members will be notified via email when their application has been processed.
6. Send signed, completed forms to the following address:

HEADQUARTERS  
PENNSYLVANIA WING CIVIL AIR PATROL  
BLDG 3-108  
FORT INDIANTOWN GAP PA 17003  
**ATTN: DRIVERS LICENSE**

7. New applications should be completed and processed within 30 days of receipt at Wing HQ. Questions regarding drivers license applications should be directed to the Wing logistics transportation officer (LGT) by emailing [license@pawg.cap.gov](mailto:license@pawg.cap.gov)
8. CAPFs 75 issued by PA Wing will expire on the same date as the member's State issued drivers license.

ROY. A. LONG, Lt Col, CAP  
Chief of Staff

Attachments:

1. PA Wing Form 77
2. PennDOT DL-503



# PENNSYLVANIA WING CIVIL AIR PATROL DRIVERS LICENSE APPLICATION

## Section 1

### MEMBER INFORMATION

**Member Name:** \_\_\_\_\_

**CAPID:** \_\_\_\_\_

**Charter Number (NER-PA-XXX):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Unit Commander's Name:** \_\_\_\_\_

**Unit Commander's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Section 2

### THIS SECTION FOR INTERNAL WING HQ USE ONLY

**Date Received:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Processed By:** \_\_\_\_\_

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://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 Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">SIGNATURE <u>X</u> _____</td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		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> _____		CITY _____	STATE _____ ZIP CODE _____	DAYTIME TELEPHONE NUMBER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____		SIGNATURE <u>X</u> _____		NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">B END USER OF INFORMATION BEING REQUESTED</th> </tr> <tr> <td colspan="2">NAME/COMPANY _____</td> </tr> <tr> <td colspan="2">ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____</td> </tr> <tr> <td>CITY _____</td> <td>STATE _____ ZIP CODE _____</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY _____		ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____		CITY _____	STATE _____ ZIP CODE _____	DAYTIME TELEPHONE NUMBER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____							
A REQUESTER INFORMATION																																			
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> _____																																			
CITY _____	STATE _____ ZIP CODE _____																																		
DAYTIME TELEPHONE NUMBER (REQUIRED) _____																																			
RELATIONSHIP TO DRIVER (REQUIRED) _____																																			
SIGNATURE <u>X</u> _____																																			
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																			
B END USER OF INFORMATION BEING REQUESTED																																			
NAME/COMPANY _____																																			
ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____																																			
CITY _____	STATE _____ ZIP CODE _____																																		
DAYTIME TELEPHONE NUMBER (REQUIRED) _____																																			
RELATIONSHIP TO DRIVER (REQUIRED) _____																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">C DRIVER INFORMATION</th> </tr> <tr> <td>NAME: LAST _____</td> <td>FIRST _____ INITIAL _____</td> </tr> <tr> <td colspan="2">ADDRESS _____</td> </tr> <tr> <td colspan="2">CITY _____</td> </tr> <tr> <td>STATE _____</td> <td>ZIP CODE _____</td> </tr> <tr> <td colspan="2">PHONE NUMBER _____</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH   DAY   YEAR</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST _____	FIRST _____ INITIAL _____	ADDRESS _____		CITY _____		STATE _____	ZIP CODE _____	PHONE NUMBER _____		DATE OF BIRTH	DRIVER NUMBER	MONTH   DAY   YEAR				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">D AFFIDAVIT OF INTENDED USE</th> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: <b>CHECK ONLY ONE</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> <b>B = Driver Release</b> (<i>Driver must complete Section E.</i>)  <input type="checkbox"/> <b>C = Credit</b> (<i>In connection with a credit transaction involving the driver.</i>)  <input type="checkbox"/> <b>E = Employment</b> (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>)  <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.  <input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C (<i>Driver must complete Section E.</i>)                 </td> </tr> <tr> <td colspan="2">I hereby Certify that _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2">                     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 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.                 </td> </tr> <tr> <td colspan="2">                     _____                      X SIGNATURE OF REQUESTER                 </td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>		<input type="checkbox"/> <b>B = Driver Release</b> ( <i>Driver must complete Section E.</i> ) <input type="checkbox"/> <b>C = Credit</b> ( <i>In connection with a credit transaction involving the driver.</i> ) <input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Driver must complete Section E.</i> ) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver must complete Section E.</i> )		I hereby Certify that _____		PRINTED NAME OF REQUESTER		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 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.		_____ X SIGNATURE OF REQUESTER		Title _____	
C DRIVER INFORMATION																																			
NAME: LAST _____	FIRST _____ INITIAL _____																																		
ADDRESS _____																																			
CITY _____																																			
STATE _____	ZIP CODE _____																																		
PHONE NUMBER _____																																			
DATE OF BIRTH	DRIVER NUMBER																																		
MONTH   DAY   YEAR																																			
D AFFIDAVIT OF INTENDED USE																																			
Intended Use of the Information Requested: <b>CHECK ONLY ONE</b>																																			
<input type="checkbox"/> <b>B = Driver Release</b> ( <i>Driver must complete Section E.</i> ) <input type="checkbox"/> <b>C = Credit</b> ( <i>In connection with a credit transaction involving the driver.</i> ) <input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Driver must complete Section E.</i> ) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> 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"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver must complete Section E.</i> )																																			
I hereby Certify that _____																																			
PRINTED NAME OF REQUESTER																																			
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 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.																																			
_____ X SIGNATURE OF REQUESTER																																			
Title _____																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">E DRIVER RELEASE</th> </tr> <tr> <td colspan="2">I _____ hereby request</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF PERSON/COMPANY</td> </tr> <tr> <td>                     _____                      X SIGNATURE OF DRIVER                 </td> <td>DATE _____</td> </tr> </table>	E DRIVER RELEASE		I _____ hereby request		NAME OF DRIVER		the Department of Transportation to furnish a copy of my PA Driver's Record to _____		NAME OF PERSON/COMPANY		_____ X SIGNATURE OF DRIVER	DATE _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">F MICROFILM</th> </tr> <tr> <td>TYPE OF DOCUMENT _____</td> <td>DATE OF VIOLATION _____</td> </tr> <tr> <td colspan="2"><i>(see list of available documents below)</i></td> </tr> <tr> <td colspan="2"> <b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </td> </tr> </table>	F MICROFILM		TYPE OF DOCUMENT _____	DATE OF VIOLATION _____	<i>(see list of available documents below)</i>		<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>															
E DRIVER RELEASE																																			
I _____ hereby request																																			
NAME OF DRIVER																																			
the Department of Transportation to furnish a copy of my PA Driver's Record to _____																																			
NAME OF PERSON/COMPANY																																			
_____ X SIGNATURE OF DRIVER	DATE _____																																		
F MICROFILM																																			
TYPE OF DOCUMENT _____	DATE OF VIOLATION _____																																		
<i>(see list of available documents below)</i>																																			
<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>																																			
<p>MESSANGER NO. _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center; vertical-align: middle;"><b>NOTARIZATION</b></td> <td>                 SUBSCRIBED AND SWORN                  TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR                  _____                  X SIGNATURE OF PERSON ADMINISTERING OATH  <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>S E A L</b>   <b>SIGN IN PRESENCE OF NOTARY</b> </div> </td> </tr> </table>	<b>NOTARIZATION</b>	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ X SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>S E A L</b>   <b>SIGN IN PRESENCE OF NOTARY</b> </div>																																
<b>NOTARIZATION</b>	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ X SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>S E A L</b>   <b>SIGN IN PRESENCE OF NOTARY</b> </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 Web site at [www.dmv.state.pa.us](http://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 Web site at [www.dmv.state.pa.us](http://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 Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) and click on "Online Business Services" for more information.