



HEPBURN TOWNSHIP VOLUNTEER FIRE COMPANY



615 East Route 973 Highway Cogan Station, PA 17728
hepburnfire.com • Phone 570-494-0411 • Fax 570-494-2148

I. GENERAL INFORMATION – PLEASE COMPLETE ALL INFORMATION REQUIRED For Application to be PROCESSED

1. _____
Name Last First Mid. Init.* Maiden Name *
2. _____
(Home) Street Town State Zip Code
3. _____
(Business or Work) Street Town State Zip Code
4. Telephone (Home) _____ Business/Work) _____ Cell _____
5. Age _____ Email address _____

II. BACKGROUND INFORMATION

1. Birthplace _____ Birthdate _____ Soc. Sec. _____
(required for Investigation purpose)
2. Level of Education achieved: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Degree _____
3. How long have you resided at present address? _____
4. Marital Status _____ Number of Children _____
5. Current Employer _____
Number of years at current employment _____ Supervisor _____
6. Driver's License (Class) _____ (Number) _____ (State) _____
(required for Investigation purpose)
Have you ever been convicted of any traffic violations? _____ If yes, explain with dates and reasons:

7. Have you ever been convicted of any misdemeanor, summary or felony crime(s)? Yes ___ No ___
If yes, explain _____
8. Do you have any pending criminal charges? Yes ___ No ___ If Yes, explain: _____

9. Are you currently on parole or probation? Yes ___ No ___ If Yes, explain: _____

10. Please list any special skills you have _____

11. Do you have any hobbies? If yes, what? _____

III. HEALTH INFORMATION

1. Do you have any medical problems? Write "YES" or "NO".

High Blood Pressure _____ Heart Problems _____ Diabetes _____

Epilepsy _____ Respiratory Conditions _____ Any other Important Medical History:

2. Do you have any physical problems or handicaps that may hinder you in providing emergency services? Yes _____ No _____

If yes, please explain _____

3. Do you take prescribed medications? Yes ___ No _____ If yes, please list and state reason?

4. Have you ever been treated for a nervous disorder or mental illness, drug abuse, or intoxication?

Yes _____ No _____ If yes, please explain: _____

5. Do you wear glasses? _____ Contacts _____ Type _____

6. Blood Type _____ Rh Positive or Negative (If known, please circle)

7. Family Physician _____

Address _____

Telephone _____

IV. ACTIVITY INFORMATION

1. Would you be available twice a month for meeting or training purposes?

2. Would you be able to work at fund-raising activities in the evenings and on weekends?

3. In what aspects of the Fire Department are you interested?

- | | | | |
|-------|----------------------------|-------|------------------------------------|
| _____ | a. Firefighting | _____ | d. Engineer (driver/pump operator) |
| _____ | b. Rescue | _____ | e. Fire Police |
| _____ | c. Emergency Medical Tech. | _____ | f. Junior Fireperson |

_____ g. **SUPPORT** (assist with Fund-raising Carnival, Barbeques, etc. NO Firefighting or EMS involved)

4. If you would participate in the rescue service, would you take the Emergency Medical Technician Course scheduled for 12 weeks, and at least 2 nights per week? _____
5. **List all FIRE and/or EMS organizations** which you have been associated with in the past. Include any present association. **ALL past FIRE/EMS training must be included with this application. Additionally, the name, address and telephone number of the fire chief of your most recent past organization must be included. You must obtain a written recommendation from your PREVIOUS FIRE CHIEF and have it forwarded to the Fire Chief of this department before your membership application can be considered.**

V. REFERENCES

1. List 3 references (**non-relatives**) that the Fire Department may contact, i.e., **Employer, Clergy, Teachers**, etc.

a. Name _____

Address _____

Telephone _____ Affiliation _____

b. Name _____

Address _____

Telephone _____ Affiliation _____

c. Name _____

Address _____

Telephone _____ Affiliation _____

VI. IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____ Telephone _____

VII. CONSENT TO SUBMIT CRIMINAL INVESTIGATION REQUEST TO PA STATE POLICE/PROTHONOTARY

I hereby authorize and give consent to the Hepburn Township Volunteer Fire Company to submit a Criminal Investigation request to the Pennsylvania State Police/Lycoming County Prothonotary Office to obtain criminal history information. I understand this information must be received prior to acceptance of my application by the Fire Company Executive Board.

Signature _____ Date _____

VIII. VERIFICATION OF INFORMATION

I certify that all information on this application, to the best of my knowledge, is **TRUE** and **ACCURATE**.

Signature _____ Date _____

EXECUTIVE BOARD USE ONLY

Applicant's name _____

Comments:

Approved _____ Rejected _____
Dues Paid ____ YES ____ NO

Membership Category

REGULAR _____

- _____ Probationary
- _____ Authorization and Waiver Signed
- _____ Privacy Act Waiver Signed
- _____ PSP Criminal Investigation
- _____ Prothonotary Information Received
- _____ PA Child Abuse History Clearance Form
- _____ Recommendation of Former Chief Received

JUNIOR Fireperson _____

Working Papers Obtained _____ (Date)

Parental Consent Signed _____ (Date)

SUPPORT _____

- _____ Authorization and Waiver Signed
- _____ Privacy Act Waiver Signed
- _____ PSP Criminal Investigation Form
- _____ Prothonotary Information Received
- _____ PA Child Abuse History Clearance Form

Signature _____

Title _____

Date _____

09/30/06
06/16/08



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AUTHORIZATION and WAIVER

I hereby authorize the release by any person, corporation, organization, agency or law enforcement agency, of any and all information requested, to the Hepburn Township Volunteer Fire Company, or to any other person or agency designated by the Hepburn Township Volunteer Fire Company. I further release the provider of information from any and all liability whatsoever for providing said information.

I understand and acknowledge that any information obtained as a result of this may be disseminated to the Fire Officers and the Administrative Officers of the Hepburn Township Volunteer Fire Company, and to its voting members and hereby authorize the release of information to the Executive Board and to the voting members. With my signature below, I waive any rights I may have to limit or prohibit said dissemination, and release all parties involved from any liability whatsoever for any actions or inactions in the release and dissemination of the information.

I understand and acknowledge that I will be notified in writing of any information of a criminal history that will be presented and that I may, if I so choose, comment in writing on the criminal history information to the Executive Board.

This authorization is signed freely and voluntarily and without duress.

SIGNATURE (full name)

Date

Printed Full Name



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PRIVACY ACT WAIVER

By affixing my signature below, I do hereby waive all my rights under the Privacy Act.

I am of the total understanding that all records of convictions or other information, if any, relative to my application for membership that are received through this background investigation will be provided to the Executive Committee (Fire Officers and Administrative Officers).

I do acknowledge that I will be afforded the opportunity to comment on any or all of the background information that is presented. Similarly, I may choose not to comment on any or all of the material presented prior to the vote upon my membership application by the Executive Board.

I do hereby sign this waiver voluntarily and without duress.

SIGNATURE (full name)

Date

Printed Full Name

Rev. 06/27/16
06/16/08
09/30/06



Beneficiary Designation Form for Group Insurance Products Underwritten by:
 Axis Insurance Company
 Cigna Life Insurance Company of New York
 Life Insurance Company of North America
 New York Life Insurance Company
 Provident Life & Accident Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

Section 1: Policyholder Information

Organization Name Hepburn Township Volunteer Fire Company			Phone (570) 494-0411	
Organization Address 615 East Route 973 Highway	City Cogan Station	County Lycoming	State PA	Zip 17728

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
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Check the coverages to which this beneficiary designation form applies. A&H AD&D Critical Illness Group Life All

Section 3: Primary Beneficiary(ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 4: Contingent Beneficiary(ies) **Total Must Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 5: Signature **Total Must Equal 100%**

X

 Member Signature _____
 Date

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of “volunteer having direct volunteer contact with children” may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant’s child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one’s home (other than the child’s own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child’s welfare or having direct contact with children:** Applying as an employee who is responsible for the child’s welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|---|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="text-align: center;"> _____
 SIGNATURE OF OIM/CAO REPRESENTATIVE </div> <div style="text-align: right;"> _____
 OIM/CAO PHONE NUMBER </div> |
|---|---|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)

First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS

(Please list everyone who lived with you at any time since 1975 to present.
Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that 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 (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #
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CHILDLINE AND ABUSE REGISTRY
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

I, (_____), hereby authorize the PA Department of Human Services, ChildLine to
Applicant's Name
release my Pennsylvania Child Abuse History Clearance information directly to (_____).
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by

(_____) without my expressed authorization or pursuant to Section 3490.126 of
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**

aforementioned information will not be released directly to me (_____) as stated
Applicant's Name

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy

of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of

my Pennsylvania Child Abuse History Certification from (_____) upon written request.
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application

as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse

that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name:

Agency Street Address:

Agency City, State, Zip Code:

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date

Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15

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 \$10.00 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.

(\$11.00 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.

(\$11.00 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.

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.

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.

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific (\$11.00 fee) as to the type of document and the date of the violation/action.

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.(\$36.00 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.



REQUEST FOR DRIVER INFORMATION

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: **\$11.00 FEE** (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: **\$11.00 FEE**
- 10 YEAR DRIVER RECORD: **\$11.00 FEE** (*Employment Purposes Only*)

- FULL HISTORY: **\$11.00 FEE**
- CERTIFIED DRIVER RECORD: **\$36.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$11.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$36.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

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**PERSONAL ACCOUNTABILITY TAG
INFORMATION**

MEMBER NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

PHONE: _____

MUST BE FILLED OUT AND SIGNED BY CHIEF

STATION #: _____ **PERSONAL ID #:** _____

NEW TAG:

REVISED TAG:

SPECIAL MEMBER GROUP:
(JUNIOR, SUPPORT, AUXILLARY)

CHIEF SIGNATURE: Jeffrey Tom **DATE:** _____