



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
**STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS, AND SALESPERSONS**  
 PO BOX 2649, HARRISBURG, PA 17105-2649  
 Telephone#: 717-783-1697; FAX#: 717-787-0250  
 www.dos.state.pa.us/vehicle

**REQUEST FOR CERTIFICATE OF LICENSURE OR HISTORY**

Please check the one you are requesting and read those instructions:

**Certificate of Licensure.** *This includes the original date of licensure, current status, how the license was obtained and if any disciplinary action exists. Return this completed form along with a \$15.00 check or money order payable to the "Commonwealth of Pennsylvania."*

**Certificate of License History.** *This includes the original date of licensure, current status, how the license was obtained, employment history, and if any disciplinary action exists. Return this completed form along with a \$25.00 check or money order payable to the Commonwealth of Pennsylvania."*

**NOTE:** There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

**LICENSEE'S INFORMATION**

Licensee's Last Name:		First:	Middle:
License #		Social Security #	
Licensee's Address:	Street:		
	Street (Line 2):		
	City:	State:	Zip Code:

**MAILING INFORMATION:**

**Provide the mailing address for the location where you wish this mailed.**

Name:			
Mailing Address:	Street:		
	City:	State:	Zip Code:

The Board's overnight mailing address is:

State Board of Vehicle Manufacturers, Dealers, and Salespersons  
 2601 N Third Street  
 Harrisburg PA 17110