



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.pa.gov/vehicle

REQUEST FOR 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 returned checks 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