

MUNICIPALITY OF
NORRISTOWN
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NORRISTOWN FIRE DEPARTMENT
AUTHORIZATION FOR RELEASE OF
PENNSYLVANIA DRIVER'S OPERATING RECORD



DRIVER INFORMATION

Name: _____
LAST FIRST INITIAL

Address: _____
STREET APT NO.

CITY STATE ZIP

Driver Number: _____ Date of Birth: _____

DRIVER RELEASE

I, _____, hereby authorize the Municipality of Norristown to obtain and furnish a copy of my Pennsylvania Driver's Operating Record to the Chief of the Norristown Fire Department for the purpose of emergency vehicle operator certification, and hold the Municipality of Norristown its fire department harmless for any liability associated with obtaining and furnishing said Driver's Operating Record.

SIGNATURE OF OPERATOR

DATE

AFFIDAVIT OF INTENDED USE

I, _____, Chief of the Norristown Fire Department, hereby certify that Norristown Fire Department will use the Driver's Operating Record information pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose of emergency vehicle operator certification and no other reason.

SIGNATURE OF CHIEF

DATE