

Pennsylvania Board of Law Examiners
601 Commonwealth Ave., Suite 3600
P.O. Box 62535
Harrisburg, PA 17106-2535



Phone (717) 231-3350
Fax (717) 231-3351
www.pabarexam.org

**Personal Verification of Driving Record Information
for Foreign Countries**

Please complete this form in accordance with the instructions for Driving Records. This form may be typed or legibly printed.

Name: _____

Last 4 digits of your Social Security Number: _____

[] I certify that I held a driver's license in the country of _____,
from _____ to _____.

I verify that the statements of fact made by me in this personal verification are true and correct and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to the requirements for submitting the driving record. The verification is being submitted with my application as required according to the application instructions in lieu of submitting an original driving record.

Applicant's signature: _____ Date: _____