



## Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

FOR VALIDATION ONLY

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106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

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| Requestor name ( <i>Last, First, Middle Initial</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                 |
| Washington driver license number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of birth | (Area code) Daytime telephone number                            |
| Name of individual or company you want your drive record sent to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                                 |
| Mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State         | ZIP code                                                        |
| <p>Type of record<br/>We offer the following types of driving records. Check the box beside the one(s) you need.</p> <p><input type="checkbox"/> <b>Three-year noncommercial insurance record.</b> Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> <b>Three-year commercial insurance record.</b> Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> <b>Three-year life insurance record.</b> Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> <b>Full employment/commercial record.</b> Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>Volunteer vanpool driver record.</b> Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>Volunteer for organization driver record.</b> Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>School bus driver record.</b> Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.</p> <p>If this request is to be billed and mailed to a school district:<br/>School district name _____ Requestor code _____</p> <p><input type="checkbox"/> <b>Complete record.</b> Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p> |               |                                                                 |
| DATE AND PLACE SIGNED (Valid for four months)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | <p style="font-size: 1.5em; font-weight: bold;">X</p> SIGNATURE |

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.