



## Driving Record Request

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and **\$13 for each record requested** in a check or money order payable to the Department of Licensing to:

**Driver Records**  
**Department of Licensing**  
**PO Box 3907**  
**Seattle, WA 98124-3907**

For validation only

106-060-421-0005

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

### Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
Name of individual or company where you want the drive record(s) sent		
How would you like the driving record(s) sent to you? <i>(Choose one)</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		Delivery information (Email, [Area code] Fax number, or mailing address)
<p>*You may select U.S. mail <b>only</b> if you are requesting one driver record.</p> <p><i>I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested. RCW 46.52.130, 18 USC Chapter 123</i></p> <p><i>You may either sign or type your name. By typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individuals requested. RCW 46.52.130, 18 USC Chapter 123</i></p>		
Date and place signed	<b>X</b>	Signature

### Drive record(s) requested

PRINT or TYPE Name <i>(Last, First, Middle initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Type of record requested <i>(Select all that apply)</i> Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:		
<input type="checkbox"/> <b>Noncommercial insurance record (3 year)</b> —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> <b>Commercial insurance record (3 year)</b> —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> <b>Life insurance record (3 year)</b> —Used to create and renew life insurance policies.		
<input type="checkbox"/> <b>Employment record</b> —Used by employers to determine employment eligibility.		
<input type="checkbox"/> <b>Volunteer/Transit record</b> —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> <b>School bus driver record</b> —Used to determine if a person should be employed to operate a school bus. Bill and mail this request to school district _____ School district authorization _____ Requestor code _____		
<input type="checkbox"/> <b>Complete record</b> —A complete driving record of the person named on the driving record.		

*If requesting additional records, attach separate sheets using the same format as above. Submit \$13 for each record requested. Note: We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.*