ADR ADRS

WASHINGTON STATE DEPARTMENT OF LICENSING

# Driving Record Request

You may use this form to request **your driving record.** We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **$10 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

106-060-421-0005

**Click here to START or CLEAR, then hit the TAB button**

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

Requestor name *(Last, First, Middle Initial)*

| Washington driver license number | Date of birth | (Area code) Daytime telephone number |
|---|---|---|
| | | |

Name of individual or company you want your drive record sent to

How would you like your driving record sent to you? (Check one only)
☐ U.S. mail ☐ email ☐ Fax

Delivery information (Mailing address, email, or [Area code] Fax number)

Type(s) of record

Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications.

We offer the following types of driving records. Check the box beside the type(s) you need.

☐ **Noncommercial insurance record (3 year)**–Used to create and renew vehicle insurance policies.

☐ **Commercial insurance record (3 year)**–Used to create and renew commercial vehicle insurance policies.

☐ **Life insurance record (3 year)**–Used to create and renew life insurance policies.

☐ **Employment record**–Used by employers to determine employment eligibility.

☐ **Volunteer/Transit record**–Used to determine if a volunteer driver meets the insurance and risk-managment 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.

☐ **School bus driver record**–Used to determine if a person should be employed to operate a school bus.

This request is to be billed and mailed to school district _____

School district authorization _____ Requestor code _____

☑ **Complete record**–A complete driving record requested by the person named on the driving record.

*I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.*

_____ X _____
Date and place Signature (valid for four months)

DR-500-009 (R/1/10)W

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