



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

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

| | | |
|---|---|--------------------------------------|
| 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 APPLICANT INSIGHT | | |
| How would you like your driving record sent to you? (Check one only) <input type="checkbox"/> U.S. mail <input type="checkbox"/> email <input type="checkbox"/> Fax | | |
| Delivery information (Mailing address, email, or [Area code] Fax number) PO BOX 458, NEW PORT RICHEY, FLORIDA 34656 | | |
| 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. | | |
| <input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies. | | |
| <input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies. | | |
| <input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies. | | |
| <input checked="" type="checkbox"/> Employment record —Used by employers to determine employment eligibility. | | |
| <input type="checkbox"/> Volunteer/ Transit record —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"/> 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 _____ | | |
| <input type="checkbox"/> Complete record —A complete driving record requested by the person named on the driving record. | | |
| <i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i> | | |
| _____ Date and place | X Signature (valid for four months) | |