



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

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								
Olympic Limousine, LLC.								
How would you like your driving record sent to you? (Check one only)								
Delivery information (Mailing address, email, or [Area code] Fax number) 360-464-2342								
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	Signature (valid for four months)							