

Vehicle/Vessel Information Disclosure Request

Use this form to request vehicle/vessel records or information. Send completed form to:

Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507

Fax: (360) 570-7088
email: vsdisclose@dol.wa.gov

Please allow 5 business days to respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA) and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

Applicant

Select one <input type="checkbox"/> Individual (<i>complete page 1 only</i>) <input type="checkbox"/> Business/Organization representative (<i>complete pages 1-3</i>)			
PRINT or TYPE Your name or business name		(Area code) Telephone number	(Area code) Fax number
Mailing address	City	State	ZIP code

Information requested

<p>Vehicle/Vessel information</p> <p>If the vehicle, vessel, or mobile home is in your possession, how did you obtain it? _____</p> <p><i>If requesting information for a specific motor vehicle or vessel, complete the following:</i></p> <p>Plate/Registration number _____ VIN/HIN number _____</p> <p>Make _____ Model _____ Year _____</p> <p><i>If requesting information for a mobile home, also complete the following:</i></p> <p>Mobile home size _____ Last address or location _____</p> <p>Possible registered owner name _____</p>
<p>Explain in detail</p> <p>What type of information or specific record(s) are you requesting?</p> <p>Why do you need the vehicle/vessel information? Give examples. Attach additional pages, if necessary.</p> <p>How would you like the information provided to you? (<i>please choose only one</i>)</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> email:</p>

Certification – Individuals sign below. Business/organizations skip this section and go to page 2.

<p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place</p>	<p style="text-align: center;">X</p> <p>_____</p> <p>Individual signature</p>

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the federal Driver Privacy Protection Act and RCW 46.12.640.

Business/Organization information

Owner contact

Will you contact the vehicle/vessel owner? * Yes No
 If yes, how is contact made? Describe and provide an example.

*Unsolicited business contact for commercial purposes is strictly prohibited.

Redisclosure and information selling

Will you redisclose or sell the information to anyone else? Yes No
 If yes, please answer the following:

1. Which will you do? Sell Provide to others
 2. Who will you provide the information to? Be specific, list all recipients.

3. How do you ensure recipient(s) use is permissible under the DPPA? Be specific.

4. How will you supply the information? Describe.

Check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Insurance company/Agent | <input type="checkbox"/> Security services – private |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Lien service | <input type="checkbox"/> Service bureau for another business |
| <input type="checkbox"/> Auto manufacturer or agent | <input type="checkbox"/> Marina | Provide business name: _____ |
| <input type="checkbox"/> Bail bonds | <input type="checkbox"/> Neighborhood block watch | <input type="checkbox"/> Storage facility |
| <input type="checkbox"/> Bank or financing firm | <input type="checkbox"/> Newspaper or media | <input type="checkbox"/> Title/Escrow |
| <input type="checkbox"/> Business | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Toll facility |
| <input type="checkbox"/> Commercial parking company | <input type="checkbox"/> Parking enforcement | <input type="checkbox"/> Towing company |
| <input type="checkbox"/> Credit union | <input type="checkbox"/> Private investigator | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Data broker/Reseller | <input type="checkbox"/> Process server | <input type="checkbox"/> Union (non-profit) |
| <input type="checkbox"/> Debt recovery/Collection | <input type="checkbox"/> Property management – gov't | <input type="checkbox"/> Vehicle/Vessel dealer |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Property management – private | <input type="checkbox"/> I represent a business that will |
| <input type="checkbox"/> Exporter/ Shipping agent | <input type="checkbox"/> Repossession service | provide information to another party |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail/Store | Provide business name(s): _____ |
| <input type="checkbox"/> Guardianship/Trustee service | <input type="checkbox"/> School – private | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Home owner association | <input type="checkbox"/> School – public | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Scrap processor or wrecker | |
| <input type="checkbox"/> Hulk hauler | <input type="checkbox"/> Security services – gov't | |

Provide a detailed explanation of your primary business activity (exactly what your business does)

Select one

- Tax Identification Number (TIN) _____
 Federal Employer Identification Number (EIN) _____
 Washington UBI number _____

Continued on next page

Business/Organization information *continued*

Depending on your type of business/organization, submit the following documentation with your request

Washington State business. Attach legible copies of one of the following:

- your current business license.
- any/all professional licenses that you possess.

Business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of one of the following:

- your current business license.
- a letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

Exporter/shipping agent. Attach legible copies of:

- your current business license.
- a bill of sale.
- a Power of Attorney if you are acting on behalf of another.

Process server. Attach legible copies of:

- your current business license.
- any/all professional licenses that you possess.
- registration for county jurisdiction(s).

Non-profit organization or corporation.

1. Attach a legible copy of one of the following:
 - your Articles of Incorporation, filed with the Secretary of State
 - your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
 - other documents reviewed and approved by the Department of Licensing Public Records Officer.
2. Submit a letter signed by the business owner or authorized representative indicating you are their agent.

Attorney.* Attach legible copies of one of the following:

- your current business license.
- your current bar card.

Private investigator.* Attach legible copies of one of the following:

- your current private investigator license.
- your current business license.

Government agency. Print agency name: _____

*Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided and identify the requestor. RCW 46.12.635(4)

Answer the following

1. Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Request? Yes No
2. Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this request? Yes No
3. Do you agree not to use the information for any purpose other than what is stated on this request, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? Yes No
4. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information Yes No

Certification

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

PRINT Name
X
Signature

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the federal Driver Privacy Protection Act and RCW 46.12.640.

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, WAC 308-10, and WAC 308-93

*We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4002 or TTY (360) 664-0116.*