

Driver Records Contract Application

Abstract of Driver Record (ADR) options

You have several options to request driver records from the Department of Licensing (DOL).

Requesting more than 2,000 ADRs a month – Complete the attached Driver Records Contract Application.

There are two types of services:

- **ADR Web Service** – for requesting bulk ADRs without monitoring
- **Monitoring program** – for insurance policyholder and employee ADRs only
Any changes to an ADR are included with the updated record. This includes new violations, accidents, or DOL actions added to the ADR during the month.

Depending on your business type, you may be authorized to receive:

- Three-year insurance ADRs
- Employment / Prospective employment ADRs
- Transit authority ADRs
- Volunteer organization ADRs

Service fees

- One-time file setup fee: \$767.84 for data file creation for both ADR and Monitoring
- ADR fee: \$13.00 for each ADR
- Monitoring fee: \$0.06 per record per month or as adjusted (RCW 46.52.130)

Requesting less than 2,000 ADRs a month

You can use a DOL approved contractor to act as an agent of insurance providers and employers:

- American Drive Records
- Data Link
- Checkr
- Embark Safety
- LexisNexis
- Explore Information Services
- HireRight
- Insurance Information Exchange (IIX)
- Softech
- TML

Requesting less than 400 ADRs a month

If you do not use one of the above DOL approved contractors, you have several options:

- Complete the [Driving Record Request](https://dol.wa.gov/driverslicense/requestothersrecord.html) form at dol.wa.gov/driverslicense/requestothersrecord.html
- An individual can get their driver record directly from dol.wa.gov/driverslicense/requestyourrecord.html
- If using a credit card, you can purchase individual records at <https://fortress.wa.gov/dol/dsdiadr/>

Driver Records Contract Application

Use this form to apply for access to our bulk Abstract Driver Record (ADR) database through our web service or monitoring program. We will only release personal, identifying information, as allowed by Washington State and federal laws. We are committed to protecting personal information. There is no guarantee you will receive the information. Laws restrict redisclosure of personal information obtained from driver records. An authorized recipient may only redisclose information for a permitted use.

Send this completed form to:

Data Sharing Contracts
Department of Licensing
PO Box 2076
Olympia, WA 98507-2076

For additional information, email us at DOLVehicleRecordCont@dol.wa.gov.

Company information

TYPE or PRINT Business name		Washington Unified Business Identifier (UBI)
Contact name		Employer identification number (EIN)
(Area code) Telephone number	Email	
Physical address (Address, City, State, ZIP code)		
Mailing address, if different than above (Address, City, State, ZIP code)		
Business description – Provide a detailed explanation of your primary business activity (exactly what your business does)		
Explain in detail why you need driver record information – Give examples and attach additional pages, if necessary		
Estimated driver records requested on a regular basis	How often do you anticipate requesting driver records? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> One time <input type="checkbox"/> Other _____	

Data usage

<p>Redisclosure and/or selling of information</p> <p>Will you redisclose or sell the information to anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes”:</p> <p>1. To whom will you redisclose or sell the information? Be specific, list all recipients.</p> <p>2. How do you ensure they have a permitted use under the DPPA and Washington State law? Be specific.</p> <p>3. How will you supply the information? Describe (i.e. SFTP, FTP, email, etc.).</p>
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Contact information

1 Contract manager		
Name		Title
Mailing address (Address, City, State, ZIP code)		
(Area code) Telephone number	Email	
2 Contract signer, if different from contract manager		
Name		Title
Mailing address (Address, City, State, ZIP code)		
(Area code) Telephone number	Email	
3 Information Services Technology*		
Name		Title
Mailing address (Address, City, State, ZIP code)		
(Area code) Telephone number	Email	
Explain the relationship of this individual to your business		

*Your company must have an Integration developer with technical skills and expertise to initiate Microsoft WCF services.

Payment

You must set up an ACH (direct debit) account for payment of ADRs. Additionally:

1. Your company will ensure sufficient funding is deposited into the account for DOL to deduct the cost of each ADR provided.
2. Your company agrees to maintain a positive balance in the account and will assure to DOL that an average two weeks of projected service fees are deposited in advance. DOL may withhold access to ADRs until your company provides the required funds.
3. DOL will send a monthly statement to your company detailing the daily amount of transactions of funds within that month.

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 driver record is subject to federal criminal fines.

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

TYPE or PRINT name

Date and place signed

Title

X

Contract manager signature

DPPA 18 U.S.C. §2721 through §2725
RCW 46.52.130; 42.56

Office use only		
Approval date	Approved by	Action taken <input type="checkbox"/> Approved <input type="checkbox"/> Denied