

Address Request from Driver Record

You can use this form to request an address of an individual who has a Washington driver license, identification card, or permit number.

Include \$2.00 for each address up to ten and \$.15 for each additional. Governmental agencies are exempt from the fee.

For Validation Only

106-060-421-0005

Mail your completed request and fee to:

**Driver Records
Department of Licensing
PO Box 9048
Olympia WA 98507-9048**

PRINT OR TYPE your name		
Company name <input type="checkbox"/> CHECK HERE IF GOVERNMENT AGENCY		
Mailing address		
City	State	ZIP code
(Area code) Daytime telephone number		(Area code) FAX number
Whose address information do you need? <i>(Provide at least name and date of birth OR driver license number. Additional space is on page 2 or attach a list.)</i>		
Full name, including middle initial _____		
Date of birth _____ Driver license number _____		
Why do you need the address and how will you use it? <i>(Use additional sheets if necessary.)</i>		

Agreement to protect addresses:

Except as provided for in 18 USC Section 2721 (DPPA), Chapter 42.56 RCW and WAC 308-10-050, I hereby agree that the information provided shall not be divulged to any third party and shall not be used for commercial purpose by any other individual or organization I represent.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

X

Signature of requestor

Place signed Date signed

Full name, including middle initial	Date of birth	Driver license number
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