

## Data Records Contract Application

Use this form to apply to receive bulk data records. We only release personally identifying information as allowed by Washington State and federal laws. We are committed to protect personally identifiable information. There is no guarantee you will receive the information you are requesting.

If we approve your application, you will be responsible for contract fees. This may include set up, monitoring, and data charges. Third-party data security and permissible use audits are done at regular intervals to verify you are compliant with your contract and Washington State law. You are responsible for all costs associated with the audits. For more information go to [dol.wa.gov/about/datarequests.html](http://dol.wa.gov/about/datarequests.html).

Send this completed form to: **Data Contracts, Department of Licensing, PO Box 2076, Olympia WA 98501**. Our email is [DataContracts@dol.wa.gov](mailto:DataContracts@dol.wa.gov).

### Applicant/Data request information

Applicant name		Applicant type	
EIN/UBI number	Business website	Doing business as (DBA) name, if applicable	
Physical address (Street address, City, State, ZIP code)			
Mailing address if different (Address or PO Box, City, State, ZIP code)			
Contact name	Email	(Area code) Telephone number	
List all subsidiaries			
Business description – Provide a detailed explanation of your primary business activities and how it relates to the data requested			
Type of data requested <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Manufactured home		How often do you want the data?	
<b>Definitions</b> <b>Personally Identifiable Information (PII):</b> Any information about an individual maintained by DOL, including: <ul style="list-style-type: none"> <li>• Data used to distinguish, trace, or use with other information to identify an individual, such as name, address, social security number, date and place of birth, mother’s maiden name, or biometric records.</li> <li>• Other information linked or linkable to an individual, such as medical, education, financial, and employment data.</li> </ul> <b>Subrecipient:</b> Any individual or business entity who receives the data from you or through a chain of entities originating with you.			
Answer the following			
1. Are you requesting Personally Identifiable Information? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Will you redisclose or sell the information to any subrecipients? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contract manager name	Title	Email	(Area code) Telephone number
Technical contact name	Title	Email	(Area code) Telephone number
Contract signer name, if different than Contract Mgr	Title	Email	

**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 data record is subject to federal criminal fines.**

*By signing or typing my name, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place (city or county) signed

**X**

\_\_\_\_\_  
Contract manager or authorized representative signature

**Driver data records**


**Vehicle, Vessel, Manufactured home data records**


Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, 46.12, 46.52, 47; WAC 308-10, 308-93

**Data security and permissible use requirements**


**Subrecipient redisclosure information**

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