

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.

Mail this completed request and your check or money order, payable to the Department of Licensing, to:

**Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907**

For validation only

106-060-421-0005

Information about the person whose address you are requesting

| |
|--|
| PRINT or TYPE Name (<i>Last, First, Middle initial</i>)—For additional names, see page 2 or attach separate sheets |
| Date of birth or driver license number |

Your information

| |
|---|
| Name (<i>Last, First, Middle initial</i>) |
| Company name <input type="checkbox"/> Check here if government agency |
| (Area code) Daytime telephone number |
| Why do you need the address(es) and how will you use the information? (<i>Attach a separate sheet if necessary.</i>) |
| How do you want the information sent? (<i>Check one</i>) |
| <input type="checkbox"/> fax to: _____ |
| <input type="checkbox"/> email to: _____ |
| <input type="checkbox"/> mail to: _____ |
| Answer the following Do you agree that the information provided, except as provided for in 18 USC Section 2721 (DPPA), Chapter 42.56 RCW and WAC 308-10-050, will not be divulged to any third party and will not be used for commercial purpose by any other individual or organization you represent? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | | |
|----------------|-----------|--|
| | X | |
| Date and place | Signature | |

| TYPE or PRINT Name (<i>Last, First, Middle initial</i>) | Date of birth or driver license number |
|---|--|
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