

Use this form to:

- Apply for a waiver of the administrative fee for a DUI hearing on the suspension or revocation of your driver license.
- Apply for assistance with the costs of Ignition Interlock Device (IID) installation, removal, and leasing the IID.

We will notify you in writing if you have been approved or denied. For more information on [IID Assistance](#) or [Hearing Administrative Fee Waiver](#), visit [dol.wa.gov](http://dol.wa.gov).

**Application type**

Send this application and **all required documents** to the applicable address or fax below. Select **only one** application type (a new application must be submitted for each type of assistance):

- IID assistance**—Mail to Driver Records, Department of Licensing, PO Box 9030, Olympia, WA 98507 or fax (360) 570-7824
- Hearing administrative fee waiver. You must include a Request for DUI Hearing** and all other required documents— Mail to Driver Hearings & Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031 or fax (360) 570-4950

**Applicant**

PRINT OR TYPE Name (Last, First, Middle initial)		Driver license number	State
Date of birth	(Area code) Daytime phone number	Email	

**Hearing** – Complete this section if applying for a hearing administrative fee waiver

Attorney name, if applicable (Do not enter public defender)		
Attorney address (Street address or PO Box, City, State, ZIP code)		
(Area code) Attorney phone number	(Area code) Attorney fax number	Attorney email

**Eligibility – Applications without required proof will be denied.** Attachments will not be returned.

<p>Assistance</p> <p>Check all that apply – <b>attach proof (dated within the last 30 days)</b></p> <p><input type="checkbox"/> Temporary assistance for needy families</p> <p><input type="checkbox"/> General assistance</p> <p><input type="checkbox"/> Food stamps</p> <p><input type="checkbox"/> Poverty-related veteran’s benefits</p> <p><input type="checkbox"/> Refugee resettlement benefits</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Supplemental security income</p> <p><input type="checkbox"/> I have a court appointed attorney</p> <p><input type="checkbox"/> I am currently involuntarily committed to a public mental health facility</p>
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If none of the above apply, complete the questions below. **Applications without required proof will be denied.**

<p>Answer the following</p> <p>1. Total number of persons in your household (include yourself) . . . . . _____</p> <p>2. Do you live with your parent/guardian? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Monthly Income—<b>Submit proof</b> of income, such as last 2 month’s pay stubs, copy of a recent federal tax return, or W-2s. If you have no income or don’t have proof, attach a signed written statement explaining this.</p> <p>a. You and your spouse’s monthly take-home pay. . . . . \$ _____</p> <p>b. Contribution from any family member or other person living in the household who is helping with your basic living costs . . . . . \$ _____</p> <p>c. Interest, dividends, or other income . . . . . \$ _____</p> <p>d. Pensions, annuities, social security and/or public assistance . . . . . \$ _____</p>
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*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I authorize the Department of Licensing to verify all information provided.*

Date and place (city or county) signed	<b>X</b> Applicant signature	<b>For Department Use Only</b>
RCW 10.101.010; 46.20.308		<input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____
DR-500-024 (R/11/18)VWA		