



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? (Provide at least name and date of birth OR driver license number. Additional space is on page 2 or attach a list.)		
Full name, including middle initial _____		
Date of birth _____ Driver license number _____		
Why do you need the address and how will you use it? (Use additional sheets if necessary.)		

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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