

## Public Record Request

Use this form to request copies of public records. You may be required to pay a fee and/or deposit. Send your completed request to:

**Public Records Officer**  
**Department of Licensing**  
**PO Box 2957**  
**Olympia, WA 98507-2957**

**Email: [FARecordsPublic@dol.wa.gov](mailto:FARecordsPublic@dol.wa.gov)**

**Note: if you are requesting vehicle information, use the [Vehicle Record Request](#) form.**

### Your information

We may need to contact you for more information or clarification to assist you to the fullest extent possible.

PRINT or TYPE Name		Date
Company name		
Mailing address (Address, City, State, ZIP code)		
(Area Code) Daytime telephone number	Email	(Area code) Fax number

### Records requested

Check all that apply  
 Driver\*    Business/Professional    Other \_\_\_\_\_

\* If "Driver" is selected and you are requesting records other than your own, explain the purpose (who will use it and how it will be used).

Describe the specific records you are requesting. If applicable, provide license number, account number, and/or case number.

Complaint/Case number (if known): \_\_\_\_\_

How would you like the records provided to you? (please choose only one)    Email    Fax    Mail

### Agreement to protect lists of individuals from use for a commercial purpose and contact

Except as provided for in RCW 42.56.070, I hereby agree that the list of individuals provided to me by the Department of Licensing will not be used for commercial purposes or to contact individuals on the list.

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

\_\_\_\_\_  
Date and place signed

**X**  
\_\_\_\_\_  
Signature

**Once filed, this document is a public record and is subject to public disclosure.**