



Driving Record Request

Only school districts **with a requestor code** can use this form to request driving records. We will email the record(s) to you and bill you **\$13 for each record requested**. Allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-0116 or email psdadrinbox@dol.wa.gov.

Requestor information

School district or contractor name <i>(where to send bill)</i>		(Area code) Daytime telephone number	
Email <i>(where to send records)</i>	School district authorization	Requestor code	
<p>TYPE YOUR NAME – <i>By typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individuals requested. RCW 46.52.130, 18 USC Chapter 123</i></p>			
Date and place signed		X Signature	

Drive record(s) requested – You will receive a complete driving record of the person named on the driving record.

No.	Name <i>(Last, First, Middle initial)</i>	Washington driver license #	Date of birth <i>(mm/dd/yyyy)</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

If requesting additional records, attach Excel spreadsheet using the same format as above.