

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.

or validation only		

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Mail this completed request and your check or money orde	106-060-421-0005
the Department of Licensing, to:	i, payable to
Driver Records	
Department of Licensing PO Box 3907	
Seattle, WA 98124-3907	
Seattle, WA 30124-3307	
Information about the person whose address yo	ou are requesting
PRINT or TYPE Name (Last, First, Middle initial) – For additional names, see pa	- -
	190 2 of allast, output and strong
Date of birth or driver license number	
Your information	
Name (Last, First, Middle initial)	
Company name Check here if government agency	
(Area code) Daytime phone number	
Why do you need the address(es) and how will you use the information? (Attac	h a separate sheet if necessary.)
How do you want the information sent? (Check one)	
☐ fax to:	
☐ email to:	
☐ mail to:	
Answer the following	
Do you agree that the information provided, except as pro	ovided for in 18 USC Section 2721 (DPPA),
Chapter 42.56 RCW, and WAC 308-10-050, will not be div	vulged to any third party and will not
be used for commercial purpose by any other individual o	r organization you represent? □ Yes □ No
I declare under penalty of perjury under the law of Washing	gton that the foregoing is true and correct.
X	
Date and place Signature	

TYPE or PRINT Name (Last, First, Middle initial)	Date of birth or driver license number
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