



Public Record Request

Use this form to request business/professional, driver, or other Department of Licensing public records. For a complete list of public disclosure forms, go to dol.wa.gov/forms/formspd.html.

Email (quickest)
PublicRecords@dol.wa.gov
 Print and scan or upgrade to [Adobe Reader](#) XI or above)

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

PLEASE NOTE

Do not use this form to request your own driver record or vehicle or vessel/boat records. Use the following links for these requests:

[Vehicle Record Request](#)
[Boat Record Request](#)
[Address from Driving Record](#)
[Your Driver Record Request](#)

Your information

PRINT or TYPE Your name		Business or agency/jurisdiction name, if applicable	
Mailing address			
City		State	ZIP code
(Area code) Phone number	Email	Return records to me by (choose one) <input type="checkbox"/> Email <input type="checkbox"/> U.S. mail	

Records requested

Check all that apply <input type="checkbox"/> Driver <input type="checkbox"/> Business/Professional <input type="checkbox"/> Other _____
License numbers
Complaint/Case numbers
List the specific records you are requesting
How will you use the records? (Required if requesting lists of individuals or records from driver files other than your own.)

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.

By signing or typing your name, you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

 Date and place signed

X

 Signature