



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

Driver Business/Professional 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.

X

Date and place signed
RCW 42.56; 42.56.120
WAC 308-10-040
DOL-200-025 (R/8/16)WA

Signature