



### AGENT FOR EMPLOYER REQUEST FOR ABSTRACT OF DRIVING RECORD

An abstract of driving record must be obtained through the Department of Licensing. The Department will not provide a driving record unless this form is signed by the employer, agent and the employee/ prospective employee.

FOR VALIDATION ONLY

106-060-421-0005

#### EMPLOYEE/ PROSPECTIVE EMPLOYEE

NAME OF EMPLOYEE/ PROSPECTIVE EMPLOYEE (Last, First, Middle)	
WASHINGTON DRIVER LICENSE NUMBER	DATE OF BIRTH (Month Day, Year)
I hereby authorize the Department of Licensing to forward my driving record to the agent for employer/prospective employer below.	
<b>X</b>	
EMPLOYEE/PROSPECTIVE EMPLOYEE SIGNATURE	DATE SIGNED (valid four months)

#### EMPLOYER

EMPLOYER		
EMPLOYER MAILING ADDRESS		
CITY	STATE	ZIP
I hereby certify that this company is an employer or prospective employer of the named individual; and that the abstract of driving record shall be used exclusively to determine whether the named individual should be employed to operate a commercial vehicle or school bus on the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. Commercial vehicle means any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire. The information contained in the abstract of driving record obtained from the Department of Licensing shall be used in accordance with requirements and in no way violate the provision of RCW 46.52.130.		
I hereby authorize an agent to obtain the abstract of driving record on my behalf. The agent is:		
Agent name <u>INFOMART</u>		
Agent mailing address <u>1582 TERRELL MILL ROAD</u>		
<u>MARIETTA, GA 30067</u>		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
<b>X</b>		
EMPLOYER SIGNATURE AND TITLE	PLACE SIGNED	DATE SIGNED

#### AGENT FOR EMPLOYER

I hereby certify that I am the agent for, and obtaining the abstract exclusively for, the above employer or prospective employer. No information contained therein shall be divulged, sold, assigned, or otherwise transferred to any other third person or party. The information contained in the abstract of driving record obtained from the Department of Licensing shall be used in accordance with requirements and in no way violate the provision of RCW 46.52.130.	
AGENT SIGNATURE AND TITLE	DATE SIGNED

A fee of \$5.00 is required for each driving record. Fee should be in the form of a check or money order made payable to the Department of Licensing. Please allow two weeks from date of mailing to receive the record.

For questions, contact Customer Service at (360) 902-3900.

Mail your request to: Department of Licensing, Driver Records, PO Box 9048, Olympia, WA 98507-9048

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116. TR-511-011 AGENT REQUEST FOR ADR (R/10/03)OR/W