



Washington – General Information – Attachment F(a)
(Employment Purposes Only)

Please be advised that when requesting Washington DMV records for employment purposes, the employer is required to have a Washington State release form (Attachment Fa) signed by the prospective applicant/employee and by the employer.

STATE SPECIFIC INFORMATION:

Washington Attachment F(a) – RELEASE OF INTEREST

1. Enter Employer/Prospective Employer/Volunteer Organization on the first blank line provided.
2. Enter the Employee, Prospective Employee, or Volunteer's name on the second blank line provided (Your Name)
3. Enter the Employee, Prospective Employee, or Volunteer's Full Name, WA DL number or DOB (we recommend WA DL number)
4. Must be dated and signed by employee, prospective employee, or volunteer.
5. Enter the Employer Information (Company Name, Authorized representative name, title, Address)
6. Must also be signed and dated by the employer, prospective employer, or volunteer organization.
7. **Penalty Clause, read and understand RCW 46.52.130.

** Employment records are limited by state statute to those individuals that drive as a condition of employment or otherwise at the direction of the employer. Misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: _____

Agent business name if acting on behalf of the company for employment purposes: _____

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of
Your name
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name <i>(First, Middle, Last)</i>	WA driver license number or date of birth
Employee/Prospective employee/Volunteer signature X	Date signed

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name	Authorized representative name	Title
Address		

Date and place signed

X

Authorized representative signature

NOTE: *The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.*