



## WASHINGTON STATE FORM INSTRUCTIONS (Employment)

The following information will assist you in completing the appropriate forms to access MVRs in this state.

- These forms are for **Employment** purposes only.
- Be sure to include your *Insurance Information Exchange (iiX)* Account Number.
- Fill in all blanks in **account information** fields completely.
- Sign and date (**must include city with date**) the form in the fields provided.
- Only a person who is authorized to execute contracts for your company should complete and sign this form.
- Mail or fax signed form to:

IntelliCorp  
3000 Auburn Drive, Suite 410  
Beachwood, OH 44122  
Attn: MVR Compliance

Fax: 216-450-5249  
Email: MVRCompliance@Intellicorp.net

Please carefully review the attached employee/employer attestation form.

- Release of a certified Abstract Driver Record of an employee or prospective employee, requires a statement *Release of Interest* (Attachment E) signed by the :
  - Employee or prospective employee, that authorizes the release of the record, and
  - Employer attesting that the information is necessary to determine whether the licensee should be employed to operate a vehicle upon the public highways of this state.

If the employer or prospective employer authorizes an agent to obtain this information on their behalf, this must be noted in the statement. Employers or prospective employers prior to the request for MVRs must obtain this written statement.

\*Please note a release obtained for prospective employees expires after 30 days if not hired. If hired, the release does not expire.

# Employment ATTACHMENT D

iiX Account Number \_\_\_\_\_



## Subscriber Certification of Use

Use this form to certify the Subscriber's use of Washington State Department of Licensing data.

Choose one:

Insurance company

I hereby certify:

1. The insurance carrier to which the named individual has applied for motor vehicle insurance or life insurance and/or has life insurance in effect covering the named individual.
2. The insurance carrier or the agent of the insurance carrier designated below as Subscriber:
  - a. Has motor vehicle insurance in effect covering the employer or a prospective employer; or
  - b. Has motor vehicle insurance in effect covering the named individual; or
  - c. Is the insurance carrier to which the employer or prospective employer has applied for motor vehicle insurance.
3. \_\_\_\_\_ (company name) is acting as agent for Subscriber.
4. Abstract Driver Records shall be used exclusively for our insurance underwriting purposes only, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party.
5. The information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

Employer / Transit authority / Volunteer organization

I hereby certify:

1. The company or their agent designated below as Subscriber is an employer, prospective employer, a volunteer organization, or a transit authority for its vanpool program.
2. iiX, a unit of ISO Claims Services, Inc. (company name) is acting as agent for Subscriber.
3. Abstracts of driver records shall be used exclusively for determining:
  - a. Whether the volunteer licensee meets those insurance and risk management requirements necessary to drive a vanpool vehicle, or
  - b. Whether an employee, prospective employee, or volunteer should be employed to operate a vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways.
4. No information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party.
5. The information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130.

The Subscriber listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the Director of DOL 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 fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Subscriber Certification of Use;" any defects in any of Subscriber's procedures followed or omitted or arising from the failure of Subscriber 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 Subscriber or its officers, employees, customers, contractors or agents.

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

Subscriber name	
Address	
Authorized representative name	Title

\_\_\_\_\_  
Date and place signed

CP-520-520 (N/2/13)E

**X**

\_\_\_\_\_  
Authorized representative signature



# ATTACHMENT E Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company** –To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place signed</p>	<p><b>X</b> <u>Authorized representative signs here.</u></p> <p>_____</p> <p>Authorized representative signature</p>

**Employee, prospective employee, or volunteer** – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p><b>X</b> _____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>