

WA STATE INSTRUCTIONS FOR COMPLETING THE DRIVING RECORD RELEASE OF INTEREST FORM

The following information will assist with completing the *Driving Record Release of Interest* to access Washington State Motor Vehicle Records.

Please note the below information:

- The Washington State Department of Licensing requires that all companies retain a *Driving Record Release of Interest* for each WA Motor Vehicle Record.
 - The *Driving Record Release of Interest* should be retained by your office.
 - Unless requested, please do not send the *Driving Record Release of Interest* to IntelliCorp.
- To assist with completion, please review the SAMPLE WA State *Driving Record Release of Interest* on the next page.
 - All information, including signatures and dates, must be added in highlighted fields.
 - Under <u>Employee, prospective employee, or volunteer category</u> on the form, the candidate/applicant is required to select the applicable reason for authorizing the motor vehicle record screening.

Please direct any questions to our Client Success Team via phone at 1-888-946-8355, email at customerservice@intellicorp.net, or chat after logging into your account.



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 YOUR COMPANY'S NAME	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name Title	
NAME OF YOUR COMPANY'S AGENT TITLE OF YOUR COMPANY'S AGEN	IT
Answer the following FOR PROCESSING. CERTIFY 'YES' TO ALL QUESTIONS	
1. Is this company an employer, prospective employer, or volunteer organization of the individual	
	No
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	Nia
	No
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party?	Na
not divulge it to a third party?	No
	No
Certification	INO
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
ENTER DATE AND CITY/STATE X SIGNATURE OF YOUR COMPANY'S REP	
Date and place signed Authorized representative signature	
Employee, prospective employee, or volunteer —Complete this section and return the form to the comp	bany
PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer Date of birth (mm/dd/yyyy) WA driver license number	_
FIRST, MIDDLE, LAST NAMES 01/19/1990 WDLFBCD789GK	
Authorization from	ot
Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term my employment	OI
\square Prospective employee–for release of my driving record for employment purposes, not to exceed 30 days from date	^
signed	5
\square Volunteer–for release of my driving record for a position applied for that requires me driving at the direction of the	
volunteer organization	
Employer, prospective employer, or volunteer organization name	
YOUR COMPANY NAME	
Employer agent company name if acting on behalf of the company for employment purposes	
Authorization	
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.	
DRIVER'S SIGNATURE DATE SIGNED	
Signature Date	<u> </u>



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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 Answer the following 1. Is this company an employer, prospective employer, or volunteer organization of the individual 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 3. Do you agree to use the information contained in the record exclusively for this purpose and 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?..... Certification I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Date and place signed Authorized representative signature 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 Authorization from Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment ☐ Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date Usolunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization Employer, prospective employer, or volunteer organization name Employer agent company name if acting on behalf of the company for employment purposes Authorization 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. X Signature Date