Washington driving record release of interest

Two-part form: employer certification and applicant authorization for the Washington DOL driving record for employment purposes.

Washington State Department of Licensing — Driving Record Release of Interest. Use this form to authorize {Employer Name} (or SafestHires, acting as the Company's agent) to obtain your Washington driving record for employment purposes. The employer must retain the completed form for at least five years and must not mail it to the Department of Licensing. Information related to a sealed juvenile record may not be used for any purpose unless required by federal law.

Company section — completed by the employer or its agent

Company name

Agent company name (if applicable)

Company/agent address

Authorized representative name and title

The company certifies, under penalty of perjury under the law of Washington, that: (1) it is an employer, prospective employer, or volunteer organization of the individual whose record is requested; (2) the record is necessary for employment purposes related to driving; (3) it will use the information exclusively for that purpose and will not divulge it to a third party; and (4) it will hold the Washington State Department of Licensing harmless for all matters relating to the release of the record.

Authorized representative signature

Printed name and title

Date and place

Template provided for informational purposes. Review with counsel and adjust for your jurisdictions before deployment.

Employee, prospective employee, or volunteer section

Full legal name (First, Middle, Last)

Date of birth (MM/DD/YYYY)

Washington driver's license number

Type of authorization

■ Employee — release my driving record for employment purposes at my employer's discretion for the full term of my employment.

■ Prospective employee — release my driving record for employment purposes, not to exceed 30 days from date signed.

■ Volunteer — release my driving record for a position that requires me to drive at the direction of the volunteer organization.

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 that company (or to its agent, SafestHires, Inc.).

Applicant signature

Printed name

Date

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