

## **Washington State MVR State Form Procedures**

The process for completing the Washington State MVR form is as follows:

- 1. Please enter your name in the "Requestor Name" box. Format should be: Last Name, First Name, Middle Initial. Enter your phone number.
- 2. In the middle of the page, please complete the line where it indicates "Date and Place Signed" as well as sign your name at the "X" where it indicates "Signature".
- 3. Please enter your Driver's License Number in the box titled "Washington Driver License Number" followed by your date of birth.
- 4. Only submit one request per form. Multiple drivers information will not be accepted.

## <u>DO NOT SEND PAYMENT OR FORM TO THE STATE OF</u> WASHINGTON

- 5. Please provide your employer name in the upper right hand corner of the State Driving Record Request form.
- 6. Please mail or fax the form directly to:

Wheels, Inc. Attn: SafetyFirst P.O. Box 1816 Des Plaines, IL 60017

Fax: 847-627-8662

\*\*Please note - If your company requires you to submit an authorization through Wheels, please insure the authorization process is completed prior to the submission of the state form; the form will not be submitted until the authorization process has been completed. The authorization process will appear in Driver Tools as a requirement if it has not yet been completed.

If you have any questions, please contact the Safety Department at <a href="mailto:safetyfirst@wheels.com">safetyfirst@wheels.com</a>.

Thank you for your assistance.



ADR ADRS



## **Driving Record Request**

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and \$13 for each record requested in a check or money order payable to the Department of Licensing to:

For validation only

106-060-421-0005

Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

Seattle, WA 98124-3907			
Please allow two weeks for processing. If you have	re additional questions, c	ontact customer service at	(360) 902-3900.
Requestor information			
Requestor name (A		(Area code) Daytime telephone number	
Name of individual or company where you want the drive record(s) so WHEELS, INC. / ATTN: SAFETY FIRST	ent		
How would you like the driving record(s) sent to you? (Choose one)  Email  Fax U.S. mail Delivery information (Email, [Are (847) 627-8662]		a code] Fax number, or Mailing address)	
I certify under penalty of perjury I am entitled by	federal or state laws to	obtain an abstract of the dri	ver record of the
individual(s) requested. You may either sign or typ you are entitled by federal		name, you are certifying under stract of the driver record of the	
X			
Date and place signed Signature			
Drive record(s) requested			
Type of record requested (select all that apply) Insurance records show violations, convictions, a convictions, violations, suspensions, revocations			
□ Noncommercial insurance record (3 year) – Used to create and renew vehicle insurance policies.			
☐ Commercial insurance record (3 year) – Used to create and renew commercial vehicle insurance policies.			
☐ <b>Life insurance record (3 year)</b> —Used to cre-	ate and renew life insura	nce policies.	
☐ Employment record – Used by employers to determine employment eligibility.			
☐ Volunteer/Transit record—Used to determine requirements to drive a vanpool vehicle or she are under 18, over 65, or disabled.			
☐ School bus driver record – Used to determine	ne if a person should be	employed to operate a scho	ool bus.
Bill and mail this request to school district			
School district authorization Requestor code			
☑ Complete record – A complete driving record	of the person named or	n the driving record.	
Name (Last, First, Middle Initial)		Washington driver license number	Date of birth (mm/dd/yyyy)
Name (Last, First, Middle Initial) ************************************	******	Washington driver license number	Date of birth (mm/dd/yyyy) *********************************
Name (Last, First, Middle Initial) ************************************	*******	Washington driver license number	Date of birth (mm/dd/yyyy) ****************
Name (Last, First, Middle Initial)	*******	Washington driver license number	Date of birth (mm/dd/yyyy) *********************************
Name (Last, First, Middle Initial)		Washington driver license number	Date of birth (mm/dd/yyyy)

If requesting additional records, attach separate sheet(s) using the same format as above. Submit \$13 for each record requested.

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