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## **Washington DMV – General Information (Employment Purposes Only)**

Please be advised that when requesting Washington DMV records for employment purposes, the end-user is required to have a Washington State release form (Attachment F) signed by the prospective applicant/employee and by the employer. These state release forms must be kept on file by the end-user and available upon request by XG Consultants Group, for auditing purposes.

### **STATE SPECIFIC INFORMATION:**

#### **Washington Attachment F – RELEASE OF INTEREST**

1. Leave Contractor Name **Blank**
2. Enter the Employee, Prospective Employee, or Volunteer's name on the second blank line provided.
3. Enter the Employee, Prospective Employee, or Volunteer's Full Name, WA DL number or DOB
4. Must be dated and signed by employee, prospective employee, or volunteer.
5. Enter the Employer Information
6. Must be dated and signed 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.*

#### **IMPORTANT:**

- Attachment F - Release of Interest:
  1. Must be completed prior to requesting Washington DMV information.
  2. Must be completed as directed and kept on file by the end-user/employer.
  3. Must be made available upon request by XG Consultants Group Inc., for auditing purposes.

**Attachment F  
RELEASE OF INTEREST**

**Employer/Transit authority/Volunteer organization**

\_\_\_\_\_ is an agent or acting as agent on behalf of a  
Contractor name  
Subscriber for employment purposes or is an employee, prospective employee, or volunteer organization.

This is an authorization of:

1. Employee for release of abstract of driving records for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of abstract record for which the volunteer has submitted an application for a position that would require driving by the volunteer at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of the  
Employee/Prospective Employee/Volunteer Name  
company named above and I request a copy of my official Driving Record in the state of Washington be released to my employer, prospective employer, or volunteer organization or their agent.

<b>PRINT OR TYPE</b> Employee/Prospective employee/Volunteer Full Name (First, Middle, Last)	WA driver license number or date of birth
Employee/prospective employee/Volunteer signature <b>X</b>	Date Signed

The Subscriber listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of License (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's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "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 hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. That 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 Subscriber named below.

Contractor/Subscriber name	
Address	
Authorized representative name	Title

\_\_\_\_\_  
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.