



A Verisk Analytics Business

## 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:

Insurance Information Exchange (iiX)  
Attn: Compliance  
1716 Briarcrest, Suite 200  
Bryan, TX 77802

Fax: (201) 748-1019

**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 Release of Interest

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

Employer, prospective employer, or volunteer organization name: \_\_\_\_\_

Agent business name if acting on behalf of the company for employment purposes: iiX, a unit of ISO Claims Services, Inc.

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name <i>(First, Middle, Last)</i>	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature <b>X</b>	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, 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 “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company 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 the company 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. 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 company named below.

Company name	Authorized representative name	Title
Address		

\_\_\_\_\_  
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 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.**