



**WASHINGTON STATE FORM INSTRUCTIONS
(Employment)**

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **Employment** purposes only.
- Be sure to include your *Insurance Information Exchange* Account Number.
- Fill in all blanks in **account information** fields completely.
- Sign and date the forms 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:

Axiom
Attn: Compliance Department
6111 Oaktree Blvd 4th Floor
Independence, OH 44131

Fax: 888-768-2488

Please carefully review the attached **employee/employer attestation forms**.
A signed employee/employer attestation is required for each request.

- The first form, *G-1 (Prospective Employee Request)*, is to be used with prospective employees, as the name suggests. It may be used to obtain ADRs for those potential hires, but the form expires 30 days after the employment applicant signs the release.
- The second form, *G-2 (Employee Request)*, is to be used with present employees. The release does not expire while the employee remains an employee of the business.

EMPLOYER

SUBSCRIBER CERTIFICATION OF USE
TO WASHINGTON STATE DEPARTMENT OF LICENSING (DEPARTMENT)

I hereby certify:

- (A) That the company or their agent designated below as Subscriber is an employer or prospective employer.
- (B) That INSURANCE INFORMATION EXCHANGE (iiX) is acting as agent for Subscriber.
- (C) That abstracts of driver records shall be used exclusively to determine whether an employee or prospective employee should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire as defined in RCW 46.04.140, and commercial motor vehicles as defined in Chapter 46.25 RCW.
- (D) That 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.

The Subscriber listed below agrees to, and shall, indemnify and hold harmless the State of Washington, Department of Licensing (Department), the Director of the Department and all Department 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 affirm that I am a representative authorized to bind the SUBSCRIBER below named.

Subscriber

Address

Name (print) Title

Signature Date

ATTACHMENT G-2
Employee Request

That I, _____, am an employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or their agent.

Authorization of employee for release of abstract of driving record for employment purposes as defined in (C) below, at my employers discretion for the full term of my employment:

| | | |
|-----------|------|---|
| Signature | Date | WA License # or print full name and date of birth |
|-----------|------|---|

EMPLOYER ATTESTATION

- (A) That the company named below is an employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That INSURANCE INFORMATION EXCHANGE (iiX) is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire as defined in RCW 46.04.140, and commercial motor vehicles as defined in Chapter 46.25 RCW.
- (D) That 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.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Company Name

Address

Authorized Officer's Name

Title

Signature

Date

The 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.