Request for “Identicard”

Washington State Department of Social & Health Services
Transforming lives

To: Department of Licensing
From: Department of Social and Health Services

This is to certify that _____ (whose signature appears below)

living at _____

who was born on _____ is a recipient of continuing public assistance. He / she has assured us that he/she does not presently have a valid drivers license and is prepared to produce whatever evidence you may require to prove his/her identity. Pursuant to RCW 46.20.117, he/she is eligible to receive an "Identicard" at cost and is prepared to pay such cost from his/her own funds.

RECIPIENT SIGNATURE	DATE	AUTHORIZED EMPLOYEE SIGNATURE

AUTHORIZED EMPLOYEE PRINTED NAME

DSHS 16-029 (REV. 03/2018)