

Payment Plan Verification

Court representatives must use this form to provide a driver with proof of entering into a payment plan.

Return the completed form to the driver or mail it to: Occupational/Restricted License

Department of Licensing

PO Box 9048

Olympia, WA 98507-9048

PRINT OR TYPE – Name of driver (Last, First, Middle initial)						Driver license number		
FRINT OR LIFE—INdille Of Utiver (Last, First, Wildule Illinal)						Driver licerise number		
Mailing address						Birth date		
City						State	ZIP code	
Pa	yment plans(s	s)-Spac	e is provided	I for eight unpaid tickets. Use	additional forms as	s needed.		
1	Violation date Charge				Court/NCIC number			
	Adjudication sent to DOL?		Signature of court representative					
	□Yes □No		X Date					
2	Violation date	Charge		Ticket/ Docket number	Court/NCIC number	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X				Date	
3	Violation date Charge		1	Ticket/ Docket number	Court/NCIC number	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X Date					
4	Violation date	Charge	1	Ticket/ Docket number	Court/NCIC number	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X Date					
5	Violation date	Charge		Ticket/ Docket number	Court/NCIC numbe	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X				Date	
6	Violation date	Charge		Ticket/ Docket number	Court/NCIC number	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X Da			Date		
7	Violation date	Charge		Ticket/ Docket number	Court/NCIC numbe	r	Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	│ │□Yes □No		X Date					
8	Violation date	Charge		Ticket/ Docket number	Court/NCIC number		Payment plan entered into? Yes No	
	Adjudication sent to DOL?		Signature of court representative					
	☐Yes ☐No		X	X Date				
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