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|  **Request for “Identicard”** |  |
| **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)** |