

Commercial Driver Employer Registration

Initial application Revised application

DOL ID# _____
If known, only needed for revised applications

Employers must use this form to register in order to certify their drivers. By registering with us, you acknowledge that your employee has the skills and training necessary to operate a commercial vehicle under the rules and laws of the state of Washington.

This application must be typed. Handwritten applications will not be accepted.

To register, complete this form and send it to:

**Commercial Driver Licensing Program
 Department of Licensing
 PO Box 9030
 Olympia, WA 98507-9030**

Fax: (360) 570-7858 Email: CDLandMCQuestions@dol.wa.gov

TYPE Company name		UBI number	
Business description (freight company, fuel distributor, etc.)		Federal tax ID#	
Street address			
City		State	ZIP code
(Area code) Telephone number		(Area code) Fax number	
Email		Website	
1 TYPE name of individual authorized to sign the employer certificate		Job title	
Signature of individual authorized to sign the employer certificate X			
2 TYPE name of individual authorized to sign the employer certificate		Job title	
Signature of individual authorized to sign the employer certificate X			
3 TYPE name of individual authorized to sign the employer certificate		Job title	
Signature of individual authorized to sign the employer certificate X			

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

 Name of employer or authorized representative
X

 Employer or authorized representative signature

 Date and place

DOL use only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Revised	Date input	ID# assigned	Date mailed
Print DOL employee name		Comments	