



Commercial Driver Training School Certification

School ID number _____

This is to certify that:

Driver license number _____

Last name _____ First _____ Middle initial _____

Residence address _____

City _____ County _____ State WA ZIP code _____

Date of birth _____ Sex: Male Female

Has successfully completed a commercial driver training course approved by the Department of Licensing for:

Class A (160 hours) Class B (48 hours) Class C (36 hours) vehicles. (WAC 308-100-033)

School name _____ UBI number _____

Training location: City _____ State _____

Course start date _____ Course completion date _____
Month/Day/Year Month/Day/Year

Contact name _____ (Area code) Telephone number _____

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

PRINT or TYPE Name of school owner/administrator

X

Signature of school owner/administrator

Date and place

DOL USE ONLY:

Authorization # _____ LSO # _____