

Driver Training School License Application

Completing the application

School name: What you write in this field will appear on your license.

School license number: Complete this field if you are renewing an existing license.

Street address; City; County; State; ZIP code: The physical address of the school.

UBI Number: The 16 digits issued by Master License Services to identify your company. For more information, visit our website: www.dol.wa.gov/business/faqlicense.html

FEIN: Federal Employer Identification Number.

See <http://dor.wa.gov/Content/GetAFormOrPublication/PublicationBySubject/UBIManual.aspx>

Telephone number: Number for the location of the school or branch. Do not use the main number for the branch location unless there is no phone at the branch.

Fax number: The area code and fax number for the location of the school or branch. Do not use the main fax number for a branch location unless there is no fax at the branch.

Name of on-site manager: The onsite manager should actually work at the location of the school or branch.

Mailing address (if different); City; State; ZIP code: This can be the address of a different licensed location within your company but cannot be a residential address.

Type of business: Select the owner box if the business is structured as a sole proprietorship.

email address: Do not list a website. We use the email address to contact the owner or staff of the school.

Owners' names, residence addresses, etc. : List **all** owners. This includes substantial interest holders, for example someone that owns the instruction vehicles other than the owner (excluding financial institutions). If the business is a sole proprietorship, do you want a spouse to be listed as an owner? It will require a new application and fees to add them later.

Instructor/Owner information:

1. You are required to disclose any felony, no matter when it occurred.
2. Any misdemeanor, gross misdemeanor, or felony is a crime.
3. This refers to any lawsuits filed against you that have not been settled.

Fingerprints:

- As required by law, we will need fingerprint cards for owners, instructors, and staff.
- Attach a complete list of all instructors and all staff that will have contact with students; include date of birth for staff.

School history: Check the type of application you are submitting. If it is a branch, write in the name and address of the main school.

Location

1. 1,000 feet is measured in driving distance.
2. A copy of the current lease must be provided prior to licensing.

Vehicles: List all instruction vehicles and attach copies of the vehicle registrations.

Insurance: Provide proof of adequate insurance, including the dates the policy begins and ends, for all of the listed instruction vehicles. Be sure to include the (area code) telephone number for the insurance company.

Driver Training School License Application

FOR VALIDATION ONLY

This license application is a:

- main school initial application – \$500
- main school renewal application – \$250
- branch school initial application – \$250
- branch school renewal application – \$125

Mail your application and required nonrefundable fee in check or money order to:
Department of Licensing, Driver Training Schools, PO Box 9048, Olympia, WA 98507-9048.

Owners, instructors, and anyone who has regular, unsupervised contact with students, must get and pay for Washington State Patrol fingerprinting and background check. RCW 46.82.325.

Name of school		School license number	
Street address			
City	County	State	ZIP code
UBI number		FEIN	
(Area code) telephone number	(Area code) fax number	Name of on-site manager	
Mailing address (if different)			
City		State	ZIP code
Type of business <input type="checkbox"/> Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation		email address	
Name, residence address, and telephone number of all owners, partners, associates, corporate officers, and substantial interest holders. (Include yourself, if applicable.) Failure to disclose this information may result in license denial or suspension.			
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Instructor/Owner information 1. Has any officer, director, stockholder, partner, or any person directly or indirectly interested in your school ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has any officer, director, stockholder, partner, or any person directly or indirectly interested in your school ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are there any civil actions now pending against this business or any member, directly or indirectly involved in this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach a list of all instructors. Also attach a separate list of all staff who has contact with students.			
School history <input type="checkbox"/> New school <input type="checkbox"/> Renewal application <input type="checkbox"/> Branch of _____ located at _____ School name Street address and city <input type="checkbox"/> Location change <input type="checkbox"/> Purchased existing school on _____ (Attach a copy of the sales agreement.) Date Provide name(s) of previous owner(s) and previous school name and address. <hr/>			

Location

1. Is the school or branch located at least 1,000 feet or more away from any Department of Licensing office where examinations for driver licenses are conducted? Yes No
2. Is the school or branch located in a district zoned for business or commercial purposes and in a building space that is used exclusively for giving driver education? (*Attach a lease agreement copy.*) . Yes No
3. Is the branch located in a high school? (*Attach copy of the school district agreement.*) Yes No

Vehicles

How many driver training cars are being used by your school? Enter number, then list cars below: _____
Attach copies of the vehicle registration(s). Use additional sheets if necessary.

Year	Make	Model	License number	Dual controls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance

Proof of automotive liability insurance coverage shall be in the amount of not less than one million dollars, and shall included property damage and uninsured motorists coverage.

Attach a copy of the policy or binder showing the required coverage.

Name of insurance company	Policy number	Company (area code) Telephone number
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Declaration

I understand that any misrepresentation or concealed material facts will be sufficient cause for denial or suspension of my license. I further understand that any conduct resulting in violation of the laws governing driver training schools or instructors will be just cause for revocation or suspension of my license or other sanctions as set in RCW 18.235 and RCW 46.82.

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

Date and place

Print/Type name of owner, partner, associate, or corporate officer

X

Signature

Date and place

Print/Type name of owner, partner, associate, or corporate officer

X

Signature

Date and place

Print/Type name of owner, partner, associate, or corporate officer

X

Signature

For Department Use Only	
Prelicensing inspection req met _____	
Status: <input type="checkbox"/> Denied <input type="checkbox"/> Approved	By _____
License no. _____	Expiration _____