

## Driver Training School Student Course Completion Report

After you have enrolled students for a driver training course, you must submit a completed copy of this report by the 7th day of the following month. If you don't report your enrollment, we may withhold any traffic-safety-education (TSE) certificates you have requested.

**To report enrollment:**

- Use a separate report form for each course.
- Enter the school information first.
- Enter the student information as follows:
  1. Enter all student names and driver license numbers at the beginning of the course. If a student doesn't have an instruction permit by the first day of class, enter that student's date of birth in the space for the driver license number. Students must have their instruction permits before they begin the behind-the-wheel portion of the course.
  2. Pre-assign a TSE certificate to each student and enter the certificate number in the left-hand column.
  3. Keep the original report in your office to record each student's completion or non-completion of the course. Keep copies of all voided certificates and a record of any replacement certificates we have issued in the student's file; we will review these during our annual inspection of each driving school.
- Make a copy of this report after all students have finished the course and you have entered the date their certificates were issued or voided in the right-hand column.
- Send a **signed copy** of this completed report to:

Driver Training Schools  
Department of Licensing  
PO Box 9030  
Olympia, WA 98507-9030

FAX: (360) 570-4976  
Email: TSE@dol.wa.gov

**School Information**

School name			
Street address			
City	State	ZIP code	(Area code) Telephone number
Class start date	Class end date		Number of students
Instructor name & certificate number	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom	Instructor name & certificate number	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom
Instructor name & certificate number	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom	Instructor name & certificate number	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom

**Student Information**—Enter by certificate number in ascending order and include voids.

	TSE certificate number	Name (Last, First, Middle Initial)	Driver license number	Cert. issue date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

\_\_\_\_\_ Date and place

\_\_\_\_\_ Print name of individual completing this report

**X** \_\_\_\_\_  
Signature of individual completing this report