



# Driver Training School Proof of Continuing Education

Driver Training School instructors may use this form to report satisfactory completion of a continuing education course. Send completed forms by mail or by fax to:

Driver Training Schools  
Department of Licensing  
PO Box 9030  
Olympia WA 98501  
Fax: (360) 570-4976

Name of driver training school instructor		Instructor license number	
Course title	Dates and time		Hours of education
Course sponsor		Sponsor's (area code) telephone number	
Sponsor's address			
City		State	ZIP code

\_\_\_\_\_  
PRINT name of signee

**X**

\_\_\_\_\_  
Sponsor signature

\_\_\_\_\_  
Date

*I certify that the information I have provided is true and correct.  
I understand that the Department of Licensing may contact the sponsor to verify this information.*

**X**

\_\_\_\_\_  
Instructor signature

\_\_\_\_\_  
Date