

## Instructor Change of Status

Use this form to notify us of a change in an instructor's employment status. We will update our records with the change only when both the school and the instructor have signed below.

Send this completed form to:

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

If you have any questions, please call (360) 902-0110.

### School information

School name		
School street address		
City	State	ZIP code
School representative name		
Instructor employment status <input type="checkbox"/> Our school employs the instructor below. <input type="checkbox"/> Our school no longer employs the instructor below.		

### Instructor information

Instructor name
Employment status <input type="checkbox"/> I am employed by the school above. <input type="checkbox"/> I am no longer employed by the school above.

**X**

\_\_\_\_\_  
School representative signature

\_\_\_\_\_  
Date

**X**

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

\_\_\_\_\_  
Date